



**State of California  
Franchise Tax Board  
Publication 1098  
(Revised 2010)**

**Annual Requirements and Specifications  
for the Development and Use of Substitute,  
Scannable, and Reproduced Tax Forms**

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## All FTB Tax Forms

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### Introduction

The Franchise Tax Board (FTB) prescribes the format of California tax returns, schedules, statements, and declarations. California Revenue and Taxation Code Section 18621.5 gives the FTB the authority to approve or reject any substitute or scannable tax form that is commercially printed, computer-produced, or computer-programmed that does not meet the guidelines mentioned in this publication or that would cause processing problems. In exercising this authority, the FTB's primary objectives are to ensure that the tax forms:

- Are compatible with the FTB's automated processing and system needs.
- Result in the accurate assessment of the taxpayer's tax liability.
- Present information in a uniform pattern.

These guidelines are for computerized tax processors, developers of tax software, computer programmers, commercial printers, and others (hereafter referred to as CTPs) who develop and use substitute, scannable, paperless Schedules K-1 (565 and 568), and reproduced tax forms, or who must get the FTB's approval of their substitute, scannable, and reproduced tax forms.

Unless stated otherwise, the term "form" as used in these guidelines includes tax returns, schedules, statements, and declarations.

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### What's New for 2010

- The date of birth for taxpayer and spouse/RDP above the Prior Name field has been added to the 540, 540A, 540 2EZ, 540NR (Long and Short).
- A taxpayer email address line has been added to the signature area (optional) on personal income tax Forms 540, 540A, 540 2EZ, and 540NR (Long and Short), and to business entity returns Forms 100, 100W, 100S, 565, and 568. Taxpayer's may enter only one email address.

### PROCESSING CHANGES FOR WITHHOLDING FORMS AND PAYMENTS

Effective January 1, 2010, we will implement new processing changes for withholding forms and payments. These new changes ensure fast, accurate processing of withholding forms and payments. You must use updated forms and procedures to report and pay amounts you have withheld from California source income. For more information, go to **ftb.ca.gov** and search for **withholding forms and payments**.

#### Titles Changed

- The following **2010** forms have name/title changes:
  - o Form 592 – Resident and Nonresident Withholding Statement
  - o Form 592-A – Payment Voucher for Foreign Partner or Member Withholding".
  - o Form 592-V - Payment Voucher for Resident and Nonresident Withholding

- o Form 593-V – Payment Voucher for Real Estate Withholding
- Form FTB 3544 – Election to Assign Credit Within **Combined Reporting** Group
- FTB Pub. 1034 - Disaster Loss How to Claim a State Tax Deduction

#### Form Year Indicator

Change the Form Year Indicator on all substitute and scannable forms to "10." Exception: For scannable payment Forms 100-ES, 540-ES, 541-ES, and FTB 3522 and 3536 use "11."

#### New Forms

- Form FTB 3544-A – List of Assigned Credit Received and/or Claimed by Assignee
- Form FTB 3551 – Sale of Credit Attributable to an Independent Film
- Form 3549-A – Application for New Home/First-Time Buyer Credit
- Form 3549-RR – Reservation Request for New Home Credit
- FTB Publication 3549 – New Home/First-Time Buyer Credit

#### Obsolete Forms

There are no obsolete forms.

#### Format Changes

##### Form 100

- Revised Side 1, Question B5 to read "Is form FTB 3544 and/or 3544-A attached to the return?"
- Added new question on Side 2, "BB Does any member of the combined reporting group own an SMLLC or reporting credits attributable to SMLLC?"  
☐ Yes ☐ No
- Side 2, Signature Area: Added a new field "Officer's email address" directly below the Signature of officer.

##### Form 100S

- Added three new questions on Schedule Q with keying symbols on all new questions and the officer email address by the signature line.
- Side 2, Signature Area: Added a new field "Officer's email address" directly below the Signature of officer.

##### Form 100W

- Revised Side 1, Question B5 to read "Is form FTB 3544 and/or 3544-A attached to the return?"
- Added new question on Side 2, "BB Does any member of the combined reporting group own an SMLLC or reporting credits attributable to SMLLC?"  
☐ Yes ☐ No
- Side 2, Signature Area: Added a new field "Officer's email address" directly below the Signature of officer.

**Form 100X**

- Side 1, Added a new withholding line with keying symbol and renumbered subsequent lines.

**Form 109**

- Moved Line 11b, Amount Generated, to share the same line as 11a.
- Added Line 11d, Total Credits.
- Changed line 17 description from “2009 Nonresident or real estate withholding. See instructions” to “2010 Withholding (Form(s) 592-B or 593.) See instructions”
- Reformatted Schedule F, Interest, Annuities, Royalties, and Rents from Controlled Organizations.

**Form FTB 3521**

- Line 12 split and renumbered as 12a and 12b

**Form FTB 3523**

- Line 47 split and renumbered as 47a and 47b

**Form FTB 3527**

- Carryover line added as new line 14, lines that follow renumbered.
- Renumbered line 16, split into 16a and 16b

**Forms FTB 3805Z, 3807, 3808, and 3809 (Side 2)**

- Schedule Z - Added one new column to Parts II and IV columns that follow re-lettered
- Side 1 - The reference to column letter(s) on Sch. Z, tables in Parts II and IV are changed from “f” to “g”
- Form FTB 3807 Side 1 and Sch Z (side 2) references to line 22 of Worksheet V are changed to line 23
- Form FTB 3809 Side 1 and Sch Z (Side 2) references to line 20 of Worksheet V are changed to line 21
- Form FTB 3805Z Side 1 and Sch Z (Side 2) references to line 27 of Worksheet VI are changed to 28

**Form FTB 3806 (Side 2)**

- Schedule Z - Added two new columns to Part II, columns that follow re-lettered. One new column added to Part IV, columns that follow re-lettered
- The reference to column letter(s) on form FTB 3806 tables in Parts II and IV are changed from “d” to “f”.

**Form FTB 3885**

- Separated the instructions from the form and moved them to the next page
- Added new lines on the form, Part I, Line 6; Part II, Line 14; and Part IV, Line 19

**Schedule R**

- Schedule R-7 - moved Part I, Section B, from Side 5 to Side 6, added more lines to Side 5, Part I, Section A

**Form 541-QFT**

- Changed line 30 description from “California income tax withheld” to 2010 Withholding (Form(s) 592-B or 593)

**Form 541 T**

- Added filing due date below line 2

**FTB 3500 Booklet**

- FTB 3500 now has 8 sides.

- Added 15 questions to Item 11 R&TC 23701d – Religious, charitable, scientific, literary, or educational organization
- Added 16 questions to Item 13 R&TC 230701f – Civic leagues, social welfare organizations, and local associations of employees

**Schedule K-1 (541)**

- Added shading to lines 13a through 13d columns A and B.

**Legislative Update**

For information regarding legislation changes, go to **ftb.ca.gov** and search for **legislation**.

**Voluntary Contributions**

Please note the following information regarding the voluntary contributions:

**Repealed Voluntary Contribution Funds**

Code 409 California Military Family Relief Fund  
Code 411 California Ovarian Cancer Research Fund  
Code 412 Municipal Shelter Spay-Neuter Fund  
Code 414 ALS/Lou Gehrig's Disease Research Fund

**New Voluntary Contribution Funds**

Code 415 Arts Council Fund  
Code 416 California Police Activities League (CALPAL) Fund  
Code 417 California Veterans Homes Fund  
Code 418 Safely Surrendered Baby Fund

**Important Reminders****Font**

Use Courier 12-point font, **not bold**, for taxpayer data, CTP ID, and Doc ID on **all** substitute and scannable tax forms and payment forms. Contact the Substitute Forms Program for specific instances where a smaller font may be used for taxpayer data.

For imaging processing, program tax software to **always** print all alpha characters in upper case.

**Scannable Format**

In an effort to expedite processing, reduce costs, and minimize manual intervention, the FTB **requests that software companies no longer produce or support the forms below in a format other than scannable:**

- Scannable Form 540
- Scannable voucher Form 100-ES
- Scannable voucher Form 540-ES
- Scannable voucher Form 540-V
- Scannable voucher Form 541-ES
- Scannable voucher FTB 3519
- Scannable voucher FTB 3522
- Scannable voucher FTB 3536
- Scannable voucher FTB 3537
- Scannable voucher FTB 3538
- Scannable voucher FTB 3539
- Scannable voucher FTB 3563
- Scannable voucher FTB 3582
- Scannable voucher FTB 3586
- Scannable voucher FTB 3587
- Scannable voucher FTB 3588



## ALL FRANCHISE TAX BOARD TAX FORMS

### The FTB Assigns Generic Number to Use as Doc ID

In 2006, the format of the Doc ID changed. See page 14, **“DOC ID LIST (Form Number to Use in document ID “String”)”** for position and content details of the Doc. ID “string.”

### Locations for Doc ID and CTP ID

#### Doc ID

CTPs must center the generic Doc ID between the existing registration marks at the bottom of all forms at print line 63. The Doc ID **must** begin in print position 40 and end in print position 46 (with four blank spaces before and after the Doc ID).

#### CTP ID

CTPs must program their three-digit CTP ID to print on print line 63, in print positions 32, 33, and 34. One blank space will follow the CTP ID in position 35 followed by the vertical portion of the left bottom registration mark.

Specifications for the bottom registration marks are unchanged. See page 13, **“Bottom Margin Registration Marks.”**

### PACARRP Box – Program Codes for Military, Disaster, Taxpayer and Spouse/RDP Deceased Dates in “RP” Box

To help identify taxpayers with a military or disaster special processing requirement, and to identify taxpayer and spouse/RDP deceased dates, program the processing codes for these items (codes shown below) in the PACARRP “RP” box on all computer-generated resident and nonresident returns [scannable Form 540, substitute Forms 540 2EZ, 540X, and 540NR (Long and Short)].

Military – U

Disaster – 9

Taxpayer deceased date – D

Spouse/RDP deceased date – C

See the scannable Form 540 specifications beginning on page 33 for details on how to program the processing codes in the “RP” box.

FTB Pub. 1095D, Tax Practitioner Guidelines for Computer-Prepared Returns, includes specific instructions about how practitioners should handle their clients’ special processing needs.

### “Amount of Payment” – Exception for all Scannable Estimate Payment Forms (Forms 100-ES, 540-ES, and 541-ES and FTB 3536)

To better meet taxpayers’ expectations and enable the FTB to optimize efficient processing of scannable estimate payment forms (Forms 100-ES, 540-ES, 541-ES, and FTB 3536), we will allow software programs to leave the taxpayer’s “Amount of payment” dollar amount blank. This provides a solution for those taxpayers who determine their estimate payment amount at a later date, allowing them to enter the payment amount by hand.

### Use of Hyphens in Street Address Field

The FTB allows the use of hyphens in the taxpayer’s street address field **only**. Use hyphens in this field on all personal income tax and business income tax forms and vouchers (scannable and substitute versions).

### “DO NOT FILE” Message Requirements

Companies **must** submit one example of how its “DO NOT FILE” message will print on any form released before it has FTB approval. We recommend that you submit your “DO NOT FILE” message with your first forms review package. For more information, see page 11.

## Definitions of Substitute, Scannable, and Reproduced Tax Forms and Vouchers

### Substitute Tax Forms and Vouchers

A form or voucher, other than the official FTB form or voucher, that is:

- Computer-produced.
- Computer-programmed, including paperless Schedules K-1 (565 and 568) (magnetic media).
- Commercially typeset and printed.

The FTB must be able to process substitute tax forms and vouchers in the same manner as the official “handprint” forms and vouchers. Substitute tax forms and vouchers that are electronically processed must duplicate the appearance and layout of the official form and voucher including size of margins, special keying symbols, line numbers, and code numbers.

### Scannable Tax Form 540

The FTB will process all scannable 540 returns (nonremit and remit) through an automated imaging system. Scannable Form 540 is similar to the official Form 540, California Resident Income Tax Return, with the following exceptions on Side 1:

- 1) The taxpayer entity information layout.
- 2) A scannable band area that contains the taxpayer’s tax data and tax preparer’s ID (FEIN and/or SSN/PTIN) number.

For more information see page 24 **“Scannable Form 540.”**

### Scannable Payment Forms (Forms 100-ES, 540-ES, 540-V, 541-ES, and forms FTB 3519, 3522, 3537, 3538, 3539, 3563, 3582, 3586, 3587, and 3588)

The FTB will process all business entity (BE) and personal income tax (PIT) scannable vouchers through an automated imaging system. The scannable vouchers are similar to their official counterparts, with the following exception:

- A taxpayer entity information layout.

### Voucher Size

Vouchers should measure 3½” x 8½.” To ensure that the “height” of a voucher is not larger than 4 inches, the FTB will measure from the “DETACH HERE/DO NOT MAIL” line to the edge of the bottom margin, and will not approve any voucher that is more than 4 inches in height.

### Reproduced Tax Form

A photocopy (or scanned image) of the official FTB form.

*(continued on next page)*

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>Sign</b>	Your signature _____	Spouse's/RDP's signature (if a joint return, both must sign) _____
<b>Here</b>	Daytime phone number (optional) (_____) _____	Date _____
<small>It is unlawful to forge a spouse's/RDP's signature. Joint tax return? (see page 17)</small>	Your email address (optional). Enter only one. _____	
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) _____	
	Firm's name (or your name if self-employed) _____	
	Firm's address _____	
Do you want to allow another person to discuss this return with us (see page 17)? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Print Third Party Designee's Name _____		Telephone Number _____

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### **"DO NOT FILE" Message Requirements**

If your company releases a software package that includes **any** substitute or scannable form that does not have FTB approval, a "DO NOT FILE" message **must** print on the form in the taxpayer entity area and, if applicable, signature area.

The "DO NOT FILE" message **must** be large enough to deter users from "whiting it out" and filing the form. The FTB will not provide specifications for "building" the "DO NOT FILE" message. Software developers may duplicate the "DO NOT FILE" message example shown on this page, or develop their own. Companies that choose to develop their own "DO NOT FILE" message must keep the size and type style similar to the example shown on this page.

### **Who Must Get Approval for Substitute, Scannable, and Reproduced Tax Forms**

#### **Substitute and Scannable Forms**

Any company, including commercial printers or business forms companies, that develop and use substitute and/or scannable tax forms must get approval from the FTB.

The company must get approval from the FTB if it develops:

- Substitute and/or scannable tax forms using its own tax software programs.
- Tax software programs to be used with substitute and/or scannable tax forms developed by another company.
- Substitute and/or scannable tax forms for other companies to use with their tax software programs.

The company must get forms approval from the FTB annually, **before** it releases or distributes substitute and/or scannable tax forms (that require approval) to its customers or clients.

Companies submitting Schedules K-1 (565 or 568) in a paperless format, **must** use the FTB's free K-1 TestWare. For more information, see page 23 "**Guidelines for Developing Substitute Schedules K-1 (565 and 568).**"

If your company is described above, your customers or clients do not need to get additional approval from the FTB to use your FTB-approved substitute and/or scannable tax forms. However, they should verify that

your substitute and/or scannable tax forms have the FTB's approval.

Examples of customers or clients who should verify approval, by asking you for a copy of your FTB approval letter(s), are:

- Tax practitioners who purchase software that produces substitute and/or scannable tax forms,
- Tax practitioners who purchase substitute and/or scannable tax forms from commercial printers or business forms companies.
- Software providers who sell the products of tax software developers who design substitute and/or scannable tax forms.

#### **Reproductions of Official Franchise Tax Board Tax Forms**

The FTB will accept reproductions of official handprint forms without approval if the reproductions are:

- Facsimiles of the official form produced by photo-offset, photoengraving, photocopying, or other similar reproduction processes.
- Facsimiles of scanned images of the official form.
- Printed with black ink on white paper of substantially the same weight, texture, and quality as the official forms.
- Legible in both the original text of the form and the filled-in data.
- The same dimensions as the official form, including the paper and the image reproduced on it.

The signatures on the reproduced forms must be original.

The FTB will accept one-sided reproduced tax forms even if the official form is two-sided. However, other than scannable Form 540, the FTB prefers two-sided reproduced forms that result in the same page arrangement as the official form.

Taxpayers may not file reproduced tax forms that do not meet the preceding guidelines. The FTB considers reproduced tax forms that deviate from the official forms to be substitute tax forms. **NOTE:**

- Your customers and clients may **not** reproduce scannable Form 540 or any scannable payment form to fill-in by hand. Scannable 540 and scannable

(continued on page 12)



## ALL FRANCHISE TAX BOARD TAX FORMS

### Forms That Require FTB Approval

**Do not submit any blank forms.** Number of forms that you **must** submit:

- **Scannable Form 540 and Substitute Forms 540 2EZ, 540NR (Long and Short), and 540X:** For electronic process submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information. Sample pages should not be double-sided.
- **Scannable PIT and BE Payment Forms/Vouchers:** For electronic process submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information. Sample pages should not be double-sided.
- **All other forms:** For electronic process submit 3 original samples with taxpayer information (taxpayer information may be the same). For paper process, submit 2 copies of 3 original samples with different taxpayer information.

Form	What FTB will review
Form 100	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable Form 100-ES*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, form size, bottom registration marks, source code "6"
Form 100S	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 100W	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 100-WE	CTP ID, document ID, bottom registration marks, source code "4"
Form 100X	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 109	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 199	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable Form 540</b>	conventional form, line geometry, entity data placement (including codes for PACARRP "RP" box), scanband data placement, keying symbols, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable Form 540-ES*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, form size, bottom registration marks, source code "6"
Form 540 2EZ	form, shading entity data placement (including codes for PACARRP "RP" box), keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Long Form 540NR	form, shading, entity data placement (including codes for PACARRP "RP" box), keying symbols, 4-digit decimal placement on Side 1, line 36, line 38, and line 54, CTP ID, document ID, bottom registration marks, source code "4"
Short Form 540NR	form, shading, entity data placement (including codes for PACARRP "RP" box), keying symbols, 4-digit decimal placement on Side 1, line 33, line 36, and line 38, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable Form 540-V*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
Form 540X	form, entity data placement (including codes for PACARRP "RP" box), keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 541	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 541-A	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 541-B	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 541-QFT	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 541-T	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable Form 541-ES*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, form size, bottom registration marks, source code "6"
Form 565	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 568	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 570	CTP ID, document ID, bottom registration marks, source code "4"
Form 587	CTP ID, document ID, bottom registration marks, source code "4"
Form 588	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 589	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 590	CTP ID, document ID, bottom registration marks, source code "4"
Form 590-P	CTP ID, document ID, bottom registration marks, source code "4"
Form 592	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 592-A*	form, CTP ID, document ID, bottom registration marks, source code "4"
Form 592-B	CTP ID, document ID, bottom registration marks, source code "4"

*(continued on page 9)*

Form	What FTB will review
Form 592-F	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 592-V*	form, CTP ID, document ID, bottom registration marks, source code 4
Form 593	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
Form 593-C	CTP ID, document ID, bottom registration marks, source code "4"
Form 593-E	CTP ID, document ID, bottom registration marks, source code "4"
Form 593-I	CTP ID, document ID, bottom registration marks, source code "4"
Form 593-V*	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 1067A	CTP ID, document ID, bottom registration marks, source code "4"
FTB 1067B	CTP ID, document ID, bottom registration marks, source code "4"
FTB 1115	CTP ID, document ID, bottom registration marks, source code "4"
FTB 1117	CTP ID, document ID, bottom registration marks, source code "4"
FTB 2416	CTP ID, document ID, bottom registration marks, source code "4"
FTB 2424	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3500	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3500A	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3501	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3503	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3506	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3507	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3510	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3511	CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable FTB 3519*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
FTB 3521	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable FTB 3522*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
FTB 3523	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3525	form, three-digit CTP ID in upper left-hand top margin
FTB 3526	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3527	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3533	CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable FTB 3536*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable FTB 3537*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable FTB 3538*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable FTB 3539*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
FTB 3540	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3544	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3544A	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3547	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3548	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3551	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3553	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable FTB 3563*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
FTB 3565	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3574	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3576	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3577	form, CTP ID, document ID, bottom registration marks, source code "4"

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## ALL FRANCHISE TAX BOARD TAX FORMS

Form	What FTB will review
FTB 3578	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3579	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3580	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3581	form, CTP ID, document ID, bottom registration marks, source code "4"
<b>Scannable FTB 3582*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable FTB 3586*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable FTB 3587*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
<b>Scannable FTB 3588*</b>	conventional form, line geometry, entity data placement, tax data placement, CTP ID, document ID, bottom registration marks, source code "6"
FTB 3725	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3726	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3800	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3801	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3801-CR	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3802	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3803	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3805D	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3805E	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3805P	form, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3805Q	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3805V	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3805Z	keying symbol, CTP ID, document ID, bottom registration marks, source code "4"
FTB 3806	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3807	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3808	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3809	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3832	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3834	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3885	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3885A	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3885F	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3885L	CTP ID, document ID, bottom registration marks, source code "4"
FTB 3885P	CTP ID, document ID, bottom registration marks, source code "4"
FTB 5805	CTP ID, document ID, bottom registration marks, source code "4"
FTB 5805F	CTP ID, document ID, bottom registration marks, source code "4"
FTB 5806	CTP ID, document ID, bottom registration marks, source code "4"
FTB 5870-A	CTP ID, document ID, bottom registration marks, source code "4"
FTB 8453	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-C	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-LLC	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-OL	form, 3-digit CTP ID in upper left-hand top margin
FTB 8453-P	form, 3-digit CTP ID in upper left-hand top margin
FTB 8454	form, 3-digit CTP ID in upper left-hand top margin
FTB 8455	form, 3-digit CTP ID in upper left-hand top margin
FTB 8879	form, 3-digit CTP ID in upper left-hand top margin
SCH B/C (100S)	CTP ID, document ID, bottom registration marks, source code "4"
SCH CA (540)	form, shading, CTP ID, document ID, bottom registration marks, source code "4"
SCH CA (540NR)	form, shading, CTP ID, document ID, bottom registration marks, 4-digit decimal placement on Side 2, line 47, source code "4"

*(continued on page 11)*

Form	What FTB will review
SCH D (100S)	CTP ID, document ID, bottom registration marks, source code "4"
SCH D (540)	CTP ID, document ID, bottom registration marks, source code "4"
SCH D (540NR)	CTP ID, document ID, bottom registration marks, source code "4"
SCH D (541)	CTP ID, document ID, bottom registration marks, source code "4"
SCH D (565)	CTP ID, document ID, bottom registration marks, source code "4"
SCH D (568)	CTP ID, document ID, bottom registration marks, source code "4"
SCH D-1	CTP ID, document ID, bottom registration marks, source code "4"
SCH G-1	CTP ID, document ID, bottom registration marks, source code "4"
SCH H (100)	CTP ID, document ID, bottom registration marks, source code "4"
SCH H (100S)	CTP ID, document ID, bottom registration marks, source code "4"
SCH H (100W)	CTP ID, document ID, bottom registration marks, source code "4"
SCH J (541)	CTP ID, document ID, bottom registration marks, source code "4"
SCH K-1 (100S)	form, shading, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH K-1 (541)	form, shading, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH K-1 (565)	form, shading, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH K-1 (568)	form, shading, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH P (100)	form, shading, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH P (100W)	form, shading, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH P (540)	form, shading, CTP ID, document ID, bottom registration marks, source code "4"
SCH P (540NR)	form, shading, 4-digit decimal placement on Side 2, line 38 and line 42, CTP ID, document ID, bottom registration marks, source code "4"
SCH P (541)	form, shading, CTP ID, document ID, bottom registration marks, source code "4"
SCH QS	CTP ID, document ID, bottom registration marks, source code "4"
SCH R (includes SCH R-7)	form, keying symbols, CTP ID, document ID, bottom registration marks, source code "4"
SCH S	CTP ID, document ID, bottom registration marks, source code "4"
SCH W-2	form, CTP ID, document ID, bottom registration marks, source code "4"
LLC Income Worksheet	CTP ID, document ID, bottom registration marks, source code "4"
RDP Worksheet	form, shading, CTP ID, document ID, bottom registration marks, source code "4"
SSMC Worksheet	form, shading, CTP ID, document ID, bottom registration marks, source code "4"

\* Form **must** print at the bottom of the paper. Scannable Forms 100-ES, 540-ES, and 541-ES and substitute payment Forms 592-A, 592-V, and 593-V: **Do not** print more than one payment form/voucher per sheet of paper.

All forms must have the bottom margin registration marks, if applicable, and must include the correct document ID string. When two official forms print on the same sheet of paper, the form on top is the FTB form number used in the document ID string.

**For example:** Schedule B (100S)/C (100S) Use: "771" as the "Doc ID Number" in the document ID string.

Companies may program the Schedule B (100S)/Schedule C (100S) to print on separate sheets of paper; however, each schedule must print at the top of the paper. The bottom registration marks must print on print line 62, with brackets on print line 63. The document ID string must include the applicable three-digit FTB form number (assigned to each schedule) in the string and must print on print line 63.

**For example:** You may program Schedule C (100S) to print on a separate sheet of paper at the top of the paper. The bottom registration marks must print on print lines 62/63 with "772" as the "Doc ID Number" in the document ID string.

See page 14 "**DOC ID LIST (Form Number to Use in Document ID "String")**" for a complete list of the FTB forms and the correct "Doc ID Number" to use.

Also see page 13 "**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**," for more information.

Please note the following:

- Computer-generated forms **DO NOT** require hand-constrained monetary boxes or combed lines for alpha characters (i.e., name and address). However, all alpha characters **must** print in upper case.
- Forms that don't have bottom margin registration marks and a Doc ID **must** include the company's 3-digit CTP ID in the upper left-hand margin on all sides of the form.



## ALL FRANCHISE TAX BOARD TAX FORMS

(continued from page 7)

payment forms are strictly for your customers and clients that use a computer to prepare them.

- Publishers may reduce the size of official forms to make them suitable to fit within bound reference material. However, publishers must clearly state on the forms: **“DO NOT FILE THIS FORM.”**
- **Do not** include scannable Form 540 or any scannable payment forms/vouchers in CD-ROM “Reader” or Library products that your customers will use to print and fill-in by hand.

### Bottom Margin Registration Marks and Document ID Specifications

#### Bottom Margin Registration Marks – (For all forms.)

- Use a .25 (1/4) line weight rule at print line 62, at position 6 through 28; and at position 57 through 80 (See **“Note”** below.)
- Use a 2-point rule (bold) at print line 62, between position 30 through 35 and position 50 through 55.
- A vertical bold line (2-point rule) at vertical position 35 (between print position 35/36) and 50 (between print position 50/51) at print line 62; end at print line 63.

**Note:** If your company cannot program a .25 (1/4) line weight rule, use a 1-point rule for these positions. See page 13 **“Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement.”**

#### Please note the following:

- All bottom margin registration marks (brackets) are a 2-point rule.
- Where possible, allow at least 1/8 of an inch of white space around the bottom margin registration brackets. Otherwise, 1/16 of an inch is acceptable.
- Companies may omit instructional text that begins above or below the form on Side 1, Side 2, etc. However, the bottom margin registration brackets and document ID string **must** remain as shown on the official form.

#### Document ID (Position of contents within the “string”)

All substitute and scannable tax forms **must** contain a document ID string in the bottom margin. Center the document ID string between the brackets of the bottom registration marks (print positions 40 and 46). There **must** be four blank spaces **before** and **after** the document ID string in this open space.

Position	Contents
1-3	Doc ID Number (360, 610, etc.)
4	Side/Page number (1-digit number, exclude text)
5-6	Tax year (2 digits, i.e., “10”)
7	Source code (“4” = substitute form “6” = scannable form)

- Forms without bottom registration marks and a Doc ID (eg., form FTB 8453) must show the company’s three-digit CTP ID in the upper left-hand margin on all sides of the form.

- If the form is single-sided (no second side as on payment forms/vouchers), the document ID string will print on the side with form/instructions. Identify side number in document ID string as “1.”
- Multi-sided/paged forms must have a document ID string on all pages. **Exception:** Companies are not required to print the bottom registration marks and document ID string on Side/Page 2, 3, etc., if it contains instructions only.
- The document ID string must contain the year of revision (i.e., “10” for 2010 tax year forms). **Exception:** Scannable estimate vouchers [Forms 100-ES, 540-ES, 541-ES, FTB 3536, and LLC Tax Voucher form FTB 3522] will use “11” as the tax year in the document ID string.
- Companies **must** maintain all margins.

#### CTP ID

CTPS must program their three-digit CTP ID to print on print line 63, in print positions 32, 33, and 34. One blank space will follow the CTP ID in print position 35 followed by the vertical portion of the left bottom registration mark bracket. See page 13 **“Bottom Margin Registration Marks.”**

#### Font to Use for Document ID and CTP ID

Courier font 12-point. **Do not use bold font.**

### How Does the Forms Approval Process Work?

1. Complete and submit form FTB 1096, Agreement to Comply with FTB Pub. 1098 Annual Requirements. Mail it to the address shown on the form or send by fax to 916.845.4788. Paperless Schedules K-1 (565 and 568) developers, see page 23 for additional instructions. Once the FTB receives your company’s completed form the FTB 1096, the FTB will:
  - Assign your company a three-digit CTP ID number, if your company is new to the program. Otherwise, companies keep and use the same number previously assigned.
  - Acknowledge receipt of form FTB 1096 and provide the current year password to access the CTP Restricted Directory on the FTB’s website.
  - Add your company’s name to the Substitute Forms Program email distribution list to receive advance drafts and final proofs of California tax forms and instructions (and other pertinent information that your company may need).
  - **Tax News** is a monthly publication subscribed to by tax practitioners, Enrolled Agents, CPAs, etc.
2. Submit all forms that require approval to the FTB for review before you distribute or release them, or related products, to your customers or clients. See the **“DO NOT FILE Message Requirements”** on page 7 and page 16 **“Submitting Forms to the FTB for Approval,”** for more information.

**Do not submit forms for review until the FTB posts the final version on the CTP Restricted Directory.**

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## Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement

- **Side 1** – Example of ICN placement in top margin. Required on scannable Form 540 and substitute Forms 540 2EZ, Long and Short 540NR, and 540X.

6 80

For Privacy Notice, get form FTB 1131.

**California Nonresident or Part-Year Resident Income Tax Return 2010**

**Long Form 540NR C1 Side 1**

Sample ICN → CA540NR110606

FORM

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2011.

- Example of ICN, Bottom Registration Marks, and Doc ID

- ☐ Use on Side 1 of all substitute forms and vouchers.
- ☐ Use on Side 2 of ALL forms and vouchers.

Example includes the document ID string with CTP ID and sample ICN placement.

6 28 30 32 33 34 35 40 46 50 55 57 80

For Privacy Notice, get form FTB 1131.  
CA3506110607 – Sample ICN\*

613 7251104 FTB 3506 2010

62  
63  
64  
65  
66

- **Exception:** Example of bottom registration marks to use on Side 1 of scannable Form 540 and substitute Forms 540 2EZ, Long and Short 540NR, and 540X. No data must print in the footer on these forms. (Example uses scannable 540 document ID.)

6 28 30 32 33 34 35 40 46 50 55 57 80

613 3101106

62  
63  
64  
65  
66

\* Other than the *Exception Example* forms, Side 1, companies may place the ICN in the bottom margin on either the left or right of the bottom registration marks. The ICN should print between print positions 6 and 28 on the left, or print positions 57 through 80 on the right.

## DOC ID LIST (Form Number to Use in Document ID “String”)

FTB Form No.	Doc ID No.
100	360
100-ES	610
100S	361
100W	362
100-WE	700
100X	363
109	364
199	365
540	310
540-ES	120
540 2EZ	311
540NR (Long)	313
540NR (Short)	314
540-V	126
540X	315
541	316
541-A	701
541-B	702
541-ES	121
541-QFT	317
541-T	703
565	366
568	367
570	368
587	704
588	705
589	810
590	706
590-P	707
592	708
592-A	709
592-B	710
592-F	808
592-V	127
593	711
593-C	713
593-I	714
593-E	715
593-V	812
1067A	716
1067B	717
1115	718
1117	719
2416	720
2424	721
3500	722
3500A	809
3501	723
3503	724
3506	725
3507	726
3510	728
3511	729

FTB Form No.	Doc ID No.
3519	122
3521	730
3522	611
3523	731
3526	732
3527	821
3533	733
3536	622
3537	612
3538	621
3539	614
3540	735
3544	815
3544A	822
3546	736
3547	737
3548	738
3551	829
3553	739
3563	123
3565	740
3574	741
3576	124
3577	615
3578	616
3579	617
3580	742
3581	807
3582	125
3586	618
3587	619
3588	620
3725	743
3726	813
3800	744
3801	745
3801-CR	746
3802	747
3803	748
3805D	749
3805E	750
3805P	751
3805Q	752
3805V	753
3805Z	754
3806	755
3807	756
3808	757
3809	758
3832	759
3834	760
3864	761
3885	762

FTB Form No.	Doc ID No.
3885A	763
3885F	764
3885L	765
3885P	766
5805	767
5805F	768
5806	769
5870A	770
B (100S)	771
C (100S)	772
CA (540)	773
CA (540NR)	774
D (100S)	775
D (540)	776
D (540NR)	777
D (541)	778
D (565)	779
D (568)	780
D-1	781
G-1	782
H (100)	783
H (100S)	784
H (100W)	785
J (541)	786
K-1 (100S)	787
K-1 (541)	788
K-1 (565)	789
K-1 (568)	790

FTB Form No.	Doc ID No.
P (100)	795
P (100W)	796
P (540)	797
P (540NR)	798
P (541)	799
QS	800
R	801
S	802
W-2 CG	804
LLC Income Worksheet	805
RDP Worksheet	811
SSMC Worksheet	814

## Position    Contents

- 1-3 . . . . .Doc ID Number (360, 610, etc.)  
4 . . . . .Side/Page number (1-digit number, exclude text)  
5-6 . . . . .Tax year (2 digits, i.e., “09”)  
7 . . . . .Source code (“4” = substitute form,  
“6” = scannable form)

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When we receive your company's review package, we will acknowledge receipt by sending an email or fax to your company's contact person. We will attach a letter that will include the following information:

- Company contact name
- Company name
- Review package cover letter date
- The expected review completion date
- The contents of the review package

When we complete our review, we will respond back to vendors via SWIFT an approval letter to the company's contact person.<sup>1</sup> The letter will include a list of the form(s) sent and the review results will indicate "approved as is," "approved, if corrected," or "disapproved." The vendor's SWIFT account will also include a copy of any form(s) that need corrections.

Please note the following:

- Companies **do not** have to resubmit forms with an "approved, if corrected" result. However, companies **must** make all necessary corrections before they release those forms to their customers or clients.
- If the results of the review indicate a form is "disapproved," companies must resubmit the form after they make the corrections. For instructions on how to resubmit a "disapproved form," see **"Submitting Forms to the FTB for Approval"** on the next page.
- The FTB **does not** review or approve the logic of specific software programs or confirm the calculations entered on substitute and/or scannable tax forms output from software programs. The accuracy of software programs is the responsibility of the software developer, distributor, and user.
- If you submit forms printed from different printers, identify the printer type with a removable note on the front of the form (or write the printer type on the back). (This applies to those forms submitted to the FTB via hard copy, not through SWIFT.)

### ELECTRONIC FORM REVIEW PROCESS

For 2011 we will continue to use the electronic forms review process SWIFT, with the zip file naming convention as revised last year. The naming convention should contain all of the following:

- 3-digit CTP ID number
- 4-digit year (YYYY)
- 2-digit month (MM)
- 2-digit day (DD)
- 2-digit version (XX) followed by .zip:  
(ex. 0512010081201.zip)

Files the company submits through SWIFT with an incorrect file name will receive an automatic acknowledgement response stating the package was rejected and give reasons why. To ensure an efficient transmission, please refer to the naming convention above.

### What the Company Should Do for its Customers and Clients

Provide your customers and clients with all of the information and instructions they need to produce accurate substitute and scannable tax forms. The information and instructions that you provide should clearly inform your customers and clients about:

- The hardware requirements they will need to successfully "run" your software product.
- The printer requirements necessary to print FTB-approved forms (including a complete list of printers that your software does **not** support; the printer fonts they will need to print the required graphics, etc.; and how to use printer font cartridges, if applicable).
- How to get software enhancements and the importance of "loading" them to their PCs.
- The importance of registering their business name and address with your company, if applicable.
- The importance of complying with error messages and edit checks, that they may see as a "pop-up" message on their PC screen.
- All other information that helps to ensure they use your software products correctly.
- How to enter taxpayer name and address information in the entity area on all personal income tax returns.

Also, upon request:

- Provide your customers and clients with a copy of your FTB forms approval letter(s).
- Provide a copy of notice(s) of correction(s) to software sent to your customers and clients.

### Submitting Forms to the FTB for Approval

**Do not** submit forms for review until the FTB posts the final version on the CTP Restricted Directory. Doing so will reduce delays in the review process. Before a company submits any forms to the FTB for approval, we recommend a review of the pages shown below first.

- **"What's New for 2010,"** beginning on page 4, and **"Important Reminders"** on page 5.
- **"Forms That Require the FTB Approval"** beginning on page 8.
- **"Substitute Tax Forms"** beginning on page 18.
- **"Scannable Form 540"** beginning on page 28.
- **"Guidelines for PIT Scannable Payment Forms"** beginning on page 40.
- **"Guidelines for BUSINESS ENTITY (BE) Scannable Payment Forms"** beginning on page 59.

### First Submission

To avoid delays in the review process, follow these instructions:

1. Include a cover letter with **every review package**.
2. If your company's software product does not support a particular field or field size, etc., indicate this fact in the company's cover letter. **This is important.**

## ALL FRANCHISE TAX BOARD TAX FORMS

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### 3. Number of forms that you **must** submit:

**Scannable Form 540 and Substitute Forms 540 2EZ, 540NR (Long and Short), and 540X:** For electronic process, submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information.

**Scannable PIT and BE Payment Forms/Vouchers:**

For electronic process, submit 3 original samples with different taxpayer information. For paper process, submit 2 copies of 3 original samples with different taxpayer information.

**All other forms:** For electronic process, submit 3 original samples with taxpayer information (taxpayer information may be the same). For paper process, submit 2 copies of 3 original samples with different taxpayer information. **Do not submit any blank forms.**

- Use the Scannable Form 540 Approval Checklist (page 31).
- Use the PIT Scannable Payment Forms Approval Checklist (page 40).
- Use the BE Scannable Payment Forms Approval Checklist (page 60).
- Include an example of the taxpayer entity information with Forms 540 2EZ, Long and Short 540NR, and 540X. (Use the “**Guidelines for Printing Taxpayer Entity Information for Forms 540 2EZ, Long and Short 540NR, and 540X**” on page 20.)
- **Do not** submit a fax copy on first submission. **Original sample documents are required.**
- For electronic review process, send forms by SWIFT. Select the **ToFTB** folder
- For paper review process, send forms by courier, freight, or UPS to:

**ATTN: SUBSTITUTE FORMS  
FILING METHODS SECTION  
FRANCHISE TAX BOARD  
9646 BUTTERFIELD WAY M/S F 284  
SACRAMENTO CA 95827**

4. The FTB recommends that you use a courier, freight, or UPS service when you submit your forms for review. This will help ensure that the Filing Methods Section receives your review package on the same day it is received at the FTB. If you prefer to use the U.S. Postal Service “regular mail service,” see the FTB’s PO Box address on this page.
- For electronic review process, send forms by SWIFT. Select the **ToFTB** folder
    - Click “Browse” to view the files on your computer
    - Select the file to be uploaded
    - Click “Upload File” button

### Resubmission (Second review for approval)

#### ELECTRONIC RESUBMISSION, IF APPLICABLE

Include a cover letter with your resubmitted review package and indicate in caps, “**RESUBMISSION**” where it can be easily seen. **This is critical.** If your company’s software product does not support a particular field or field size, etc., indicate this fact in the company’s cover letter.

- Send corrected forms by SWIFT. Select the **ToFTB** folder
  - Click “Browse” to view the files on your computer
  - Select the file to be uploaded
  - Click “Upload File” button

We will complete the review of your resubmission within three days of receipt. To avoid delays in any second review process, follow these instructions:

1. Make all corrections identified at first review.
2. Include a cover letter with your resubmitted review package and indicate in caps, “**RESUBMISSION**” where it can be easily seen. **This is critical.** If your company’s software product does not support a particular field or field size, etc., indicate this fact in the company’s cover letter (or fax coversheet).
3. If you submit forms printed from different printers, identify the printer type with a removable note on the front of the form (or write the printer type on the back).
4. Resubmit your forms by fax only if the FTB-approval letter indicates that you may.
5. If the approval letter does not say “**by fax if desired**” you must resubmit a hard copy document for us to review. (In some cases, it may be necessary to resubmit more than one hard copy.) Send your resubmission by courier, freight, or UPS to the address shown on page 16.

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#### Benefits of Following the Guidelines for the Development and Use of Substitute, Scannable, and Reproduced Tax Forms

- The FTB will be able to complete its review and respond quickly (within seven business days from date received).
- The FTB will be able to process approved CTP tax forms which will result in fast, accurate processing, and quick refunds for your customers’ clients.
- Software companies will have satisfied customers and clients who have confidence in the software product(s) they use.

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#### Consequences of Not Following the Guidelines for the Development and Use of Substitute, Scannable, and Reproduced Tax Forms

The FTB will work with CTPs to correct any errors found on their tax forms during review. However, if a software company releases forms that fail to follow the “**Guidelines for the Development and Use of Substitute, Scannable, and Reproduced Tax Forms,**” the FTB:

- Will require the software company contact person to send proof (e.g., revised forms, excerpts from revised user manuals, release letters for new versions of software, etc.) that the company corrected all errors and notified their customers and clients of the corrections.
- Will publish the software company name in certain publications and the FTB website, stating that the software company did not follow the “**Guidelines for the Development and Use of Substitute, Scannable, and Reproduced Tax Forms.**” The FTB will publicize such a violation even if the software company subsequently corrects all errors.
- May notify taxpayers, if the software company fails to correct all errors, that their refund was delayed because the software company's tax forms did not have the FTB approval.

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**How to Contact the FTB Regarding Substitute, Scannable, and Reproduced Tax Forms**

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For questions about the Substitute Forms Program, call 916.845.4522 or 916.845.5585, or send email to [substituteforms@ftb.ca.gov](mailto:substituteforms@ftb.ca.gov).

To mail correspondence regarding substitute, scannable, and reproduced tax forms and related issues:

**ATTN: SUBSTITUTE FORMS  
FILING METHODS SECTION  
FRANCHISE TAX BOARD  
PO BOX 1468 M/S F 284  
SACRAMENTO CA 95812-1468**

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<sup>1</sup> In most cases, FTB will complete the first review of your form(s) within seven business days of receipt.



# SUBSTITUTE TAX FORMS

## Guidelines for Preparing Substitute Tax Forms

These guidelines are subject to change because of legislative changes, system changes, and/or procedural improvements.

### Instructional Text

Companies may only omit instructional text from their forms. When doing so, be consistent. Examples of such text are: "See instructions," "Attach to Form 540," and "Attach schedule."

### Taxpayer's Last Name and Social Security Number (SSN or ITIN) on Side 2 of Forms 540 2EZ, Short 540NR, and 540X. For 540NR Long, put the Taxpayer's Last Name and Social Security Number (SSN or ITIN) on Side 2 and Side 3.

Print the primary taxpayer's last name and SSN (or ITIN) in the top margin on Side 2 of substitute Forms 540 2EZ, Long and Short 540NR, and 540X. For 540NR Long, print the primary taxpayer's last Name and social security Number (SSN or ITIN) on Side 2 and Side 3.

### Monetary Amounts

Substitute tax forms must include the vertical rule ("penny line") that separates dollars from cents. If the tax software program prints a decimal point that will follow the whole dollar amount, remove the vertical rule. If you remove the vertical rule because the software will print a decimal point, be sure to indicate this fact in **every cover letter** that accompanies each substitute forms review package.

There will be instances where the official form does not include vertical rules. If the software does not program a decimal point to follow the whole dollar amount on these forms, the FTB requires the company to include a vertical rule.

Companies may program software to not print cents; however, all monetary amounts entered on the form must follow a consistent format. We strongly urge software companies to round all figures to whole dollar amounts. This follows the official tax return instructions.

Companies may program software to print a "12-position" dollar amount (includes commas and decimal point) on all California substitute tax forms. The FTB will output 9 positions; no punctuation:

**Example:** 000,000,000.

**The FTB will process as:** 000000000

Unless a specific line instruction requires a zero (-0-), leave the line blank when there is no entry. **Do not** print the word "**NONE**."

### Negative Amounts

When printing negative monetary amounts, CTPs must use one of the following formats:

(a) (549.)      (b) -549.

CTPs that design substitute forms for customers to complete by hand **must** submit those forms to the FTB for review and approval before releasing them for use by their customers.

### Layout

The layout of any substitute tax form must follow the official form layout. This includes the title, space for the taxpayer name(s) and identification number(s), tax year, captions, line numbers, and line descriptions. See "**Submitting Forms to the FTB for Approval**" on page 16 for more information. Also see "**Guidelines for Printing Taxpayer Entity Information for Forms 540 2EZ, Long and Short 540NR, and 540X**" on page 20 for more information.

Each tax form has a unique document ID string (see page 14 for the correct '**Doc ID Number**' to use). If a company wants to combine any forms, they must notify the FTB first.

Software companies may include an explanation next to entries shown on a substitute form or use a supporting statement to explain an entry. If using a supporting statement, it must refer to the entry on the substitute form it supports. In turn, the entry on the substitute form must refer to the supporting statement.

Software companies may modify substitute tax forms that do not require FTB approval, to make them suitable for computer preparation; however, the form must include the bottom line registration marks and document ID string in the bottom margin. **Do not** make changes that would impair the FTB's ability to process, review, or store the forms. Call 916.845.4522 or 916.845.5585, or send email to [substituteforms@ftb.ca.gov](mailto:substituteforms@ftb.ca.gov) with questions about a proposed design change.

Tax software programs may use copies of federal tax forms in place of separate California forms. However, the software must reconcile any California differences. Get FTB Pub. 1006, California Tax Forms and Related Federal Forms, for more information. (This publication is revised yearly.) Go to [ftb.ca.gov](http://ftb.ca.gov).

### Keying Symbols

Keying symbols are codes that the FTB's key data operators use to identify quickly the correct information they need to data capture from a taxpayer's tax return.

Keying symbols on substitute forms must **exactly duplicate** the keying symbols on official forms. The FTB will not approve substitute or scannable forms if the keying symbols are not exact. For a list of forms that contain keying symbols see "**Forms That Require the FTB Approval**" beginning on page 8. See an example of the keying symbol's shape and size in the graphic that follows. ► ● ◎

<sup>1</sup> If your company cannot program a .25 (1/4) line weight rule, use a 1-point rule.

The actual symbols and their placement may change from year to year. Example of the keying symbols:

○ FTB 3803.....	● 31	00
162,186, see page 10 .....	32	00
.....	33	00
.....	● 34	00
.....	35	00
.....	▶ 43	00
.....	▶ 44	00
.....	● 45	00
.....	● 46	00

### Source Codes

Use source code “4” in the document ID string on all substitute forms. (Use source code “6” in the document ID string on all scannable forms.)

### Final Forms on the FTB Website

The FTB will post final proofs of tax forms to two different areas on its website.

- **Area 1, the CTP Restricted Directory** (August through mid-December each year)
- **Area 2, the FTB public access forms web page** (beginning mid-December each year)

When companies download and print tax forms from the public access forms web page, the forms will contain source code “3.” It is the company’s responsibility to change the source code from “3” to “4” at the time the company adds its three-digit CTP ID. The following example contains all of the components that make up the document ID string for Form 565, Side 1. **The “613” is a fictitious CTP ID.**

#### For example:

Form 565, Side 1, on **ftb.ca.gov** will have this document ID:

3661104 Form 565 C1 2010 Side 1

Form 565, Side 1, in a tax software product **must** include the CTP ID (as shown, 613) with this document ID:

613 3661104 Form 565 C1 2010 Side 1

### Margins

Substitute tax forms **must** have margins on all sides at least as large as the margins on the official forms. Generally, margins on the official forms are 1/2” or larger.

### Type Style

The FTB designs California tax forms using *InDesign* in increments of 6 lines per inch and 10 strike zones per inch. Substitute tax forms must closely resemble the style and type size used on the official forms.

### Shading Requirements

The FTB shades specific areas on some California tax forms. Substitute forms must include shading in the same areas shown on official forms. **The FTB will not approve substitute forms that do not include shading.**

### Paper

Print substitute tax forms on good quality, white, standard, stock machine paper (20 lb.). Use paper that is 8 1/2” x 11.”

### Ink

Use black ink.

### Internal Control Numbers

**Personal Income Tax Returns (scannable Form 540 and substitute Forms 540 2EZ, Long and Short 540NR, and 540X)** – Tax software companies may not print Internal Control Numbers (ICN) in the bottom margin on Side 1. Instead, print the ICN in the upper right margin above the form number, C1, Side 1 (in no larger than an 8-point font). **See “Side 1 – Example of ICN placement in top margin”** on Page 13. On Side 2 (and Side 3 of scannable Form 540 and Long 540NR), tax software companies may choose to print the ICN, or symbols, in either the top right or left margin or the bottom left or right margin. When using the bottom margin the ICN, or symbols, **must** print completely away from the bottom line registration marks and document ID string. **See “Example of ICN, Bottom Registration Marks, and Doc ID”** on Page 13.

**Payment forms/vouchers** – **Do not** place the ICN in the instructional area above print line 45. Instead, print the ICN in the bottom margin. The FTB will not approve payment forms/vouchers that do not have the ICN in the bottom margin.

### How to Gain Additional Room on a Form

CTPs may limit captions and line descriptions from the official form to one print line on their substitute form. To do this, use abbreviations and contractions and omit articles and prepositions. Retain key words that make identification of the caption or line description clear. If you need assistance in this area, call 916.845.4522 or 916.845.5585, or send an email to **substituteforms@ftb.ca.gov**.

### CTP ID

The CTP ID is a three-digit number that the FTB assigns to each software company who wants to develop and use substitute, scannable, and/or reproduced tax forms. Software companies will keep the same CTP ID as long as they participate in the Substitute Forms Program. The FTB will disapprove any substitute and scannable form without a CTP ID.

### Developers of Forms Only

Program the software company’s CTP ID to print in the upper left-hand corner on each page of each substitute tax form.

### Developers of Software to be Used with Another Company’s Forms

#### CTP ID

CTPs must program their three-digit CTP ID to print on print line 63, in print positions 32, 33, and 34. One blank space will follow the CTP ID in position 35 followed by the vertical portion of the left bottom registration mark. See **“Bottom Margin Registration Marks, and Document ID Specifications”** on page 13 and **“Samples of**

## SUBSTITUTE TAX FORMS

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**Internal Control Number (ICN) Placement, Bottom Registration Marks, and Document ID Placement**” on page 13. Also see “**Document ID** (Position of contents within the string)” on page 14.

### **Developers of Forms and Software**

#### **CTP ID**

CTPs must program their three-digit CTP ID to print on print line 63, in print positions 32, 33, and 34. One blank space will follow the CTP ID in position 35 followed by the vertical portion of the left bottom registration mark. See “**Bottom Margin Registration Marks, and Document ID Specifications**” on page 12 and “**Samples of Internal Control Number (ICN) Placement, Bottom Registration Marks, and Document ID Placement**” on page 13. Also see “**Document ID** (Position of contents within the string)” on page 12.

#### **Forms Without Bottom Line Registration Marks and Document ID**

Forms without bottom registration marks and a Doc ID, **must** have the three-digit CTP ID in the upper left-hand margin on all sides of the form.

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### **Guidelines for Printing Taxpayer Entity Information for Forms 540 2EZ, Long and Short 540NR, and 540X**

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Use the scannable 540 specifications to program the Entity data (taxpayer’s name and address area, including codes to program in the PACARRP “RP” box) for substitute Forms 540 2EZ, Long and Short 540NR, and 540X. The FTB will not approve the substitute version of these forms without an entity area example.

Use the following:

- “Guidelines for Printing Taxpayer Entity Information for Scannable Form 540,” page 25
- “Asterisks in the Entity – THIS IS CRITICAL,” page 25
- “Taxpayer Entity Information Examples,” page 25
- “PIT Entity Entry Instructions,” page 26
- “Scannable Form 540 Specifications,” pages 33 and 34
- Hardcode APE on Long 540NR **only** – ending month and year end if applicable, or leave blank
- When applicable, enter PBA number on 540NR long form **only**.
- Use the scannable Form 540 approval checklist on pages 30 and 31.
- See “Substitute Forms 540 2EZ, Long and Short 540NR, and 540X Entity Record Layout” on the next page.

*Substitute Forms 540 2EZ, Long and Short 540NR, and 540X Entity Entry Record Layout (with asterisks)*  
*Note: Record Layout is Reduced*

[illegible]

**SUBSTITUTE TAX FORMS****Standard Abbreviations**

AIR FORCE BASE	AFB
APARTMENT	APT
AVENUE	AV
BOULEVARD	BL
BUILDING	BLDG
CAUSEWAY	CSWY
CENTER	CTR
CIRCLE	CIR
COURT	CT
CROSSING	XING
DEPARTMENT	DEPT
DRIVE	DR
EAST*	E
EXPRESSWAY	EXPY
FLOOR	FL
FREEWAY	FWY
HIGHWAY	HWY
LANE	LN
LOOP	LP
NORTH*	N
NORTHEAST*	NE
NORTHWEST*	NW
NUMBER/#	NO (Do not use # sign)
PARKWAY	PKY
PLACE	PL
PLAZA	PLZ
POINT	PT
POST OFFICE BOX	PO BX
ROAD	RD
ROOM	RM
SAN/SANTO	SN
SOUTH*	S
SOUTHEAST*	SE
SOUTHWEST*	SW
SPACE	SP
SQUARE	SQ
STREET	ST
SUITE	STE
TERRACE	TER
TRACK	TRAK
UNIT	UN
WALK	WK
WALKWAY	WKWY
WAY	WY
WEST*	W

**State or U.S. Possessions**

ALABAMA	AL
ALASKA	AK
AMERICAN SAMOA	AS
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	CT
DELAWARE	DE
DISTRICT OF COLUMBIA	DC
FEDERATED STATES OF MICRONESIA	FM
FLORIDA	FL
GEORGIA	GA
GUAM	GU
HAWAII	HI
IDAHO	ID
ILLINOIS	IL
INDIANA	IN
IOWA	IA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LA
MAINE	ME
MARSHALL ISLANDS	MH
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI
MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO
MONTANA	MT
NEBRASKA	NE
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
NORTHERN MARIANA ISLANDS	MP
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PALAU	PW
PENNSYLVANIA	PA
PUERTO RICO	PR
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGIN ISLANDS	VI
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY

\* ABBREVIATE ONLY WHEN USED AS A DIRECTION.



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## Guidelines for Developing Substitute Schedules K-1 (565 and 568)

All companies (i.e., tax software developers, professional tax preparers, transfer agents, and others) are required to complete and return form FTB 1096, Agreement to Comply with FTB Pub. 1098 Annual Requirements, to develop substitute Schedules K-1 (565 and 568) in a paper or paperless (magnetic media) format (i.e., CD or diskette). All companies must conform annually to the provisions of Senate Bill 1724 signed into law on September 30, 2000, and referred to on form FTB 1096.

### Paperless Schedules K-1 (565 and 568)

Companies submitting paperless Schedules K-1 (565 or 568) on CDs or diskettes, are required to use the FTB's free **K-1 TestWare**.

**K-1 TestWare** is a tool that pre-edits production files prior to submitting them to the FTB. It includes two PC-based programs: *K-1 Verify* and *K-1 Convert*. *K-1 Verify* edits the record layout to ensure the fields are the correct length and position we require; *K-1 Convert* expands files from a delimited format to a standard fixed-length format.

For more information regarding how to develop substitute paperless Schedules K-1 (565 or 568), get FTB Pub.1062, Schedules K-1 (565 and 568) Guide for Filing Paperless, go to the **K-1 TestWare** at [ftb.ca.gov](http://ftb.ca.gov) and search for **K 1TestWare**.

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## Claiming Additional Credits on Personal and Business Entity Tax Forms

### Form 540 and Long Form 540NR

Follow the instructions below to program additional credits for Forms 540 and Long 540NR. If the taxpayer claims only one or two credits, the credit name, code number (use credit acronyms and code numbers shown on pages 29 and 30), and amount should print on the applicable lines of Form 540 and Long 540NR. When a taxpayer claims a credit on Schedule P (540 or 540NR) and the credit is listed in more than one section, total column (b) of the credits that have the same code number and bring the total forward to the applicable line of the form being filed.

If the taxpayer has any other credits to claim on Schedule P (540 or 540NR), add the amounts from column (b) for those credits and bring the total forward to the applicable line of the form being filed. It is not sufficient to print "See Schedule P" or "Schedule P Attached" in the "credits" area on Forms 540 and Long 540NR. The software **must** bring the credits forward to the applicable line of the form being filed.

It is **unacceptable** to use the "more than two credits" line or the "total credits" line if the individual credit lines are blank on Forms 540 and Long 540NR.

### Form 100, Form 100S, and Form 100W

Follow the instructions below to program additional credits for Forms 100, 100S, and 100W. If the taxpayer claims only one or two credits, the credit name, code number (use credit acronyms and code numbers shown on pages 29 and 30), and amount should print on the applicable lines of Forms 100, 100S, and 100W. When a taxpayer claims a credit on Schedule P (100 or 100W), and the credit is listed in more than one section, total column (b) of the credits that have the same code number and bring the total forward to the applicable line of the form being filed.

If the taxpayer has any other credits to claim on Schedule P (100 or 100W), add the amounts from column (b) for those credits and bring the total forward to the applicable line of the form being filed. It is not sufficient to print "See Schedule P" or "Schedule P Attached" in the "credits" area on Forms 100, 100S, or 100W. The software **must** bring the credits forward to the applicable line of the form being filed.

It is **unacceptable** to use the "more than two credits" line or the "total credits" line if the individual credit lines are blank on Forms 100, 100S, or 100W.

**For a list of current and repealed credits (with carryover provisions), see pages 29 and 30.**

# SCANNABLE FORM 540

## Introduction

These guidelines are for computerized tax processors, tax software developers, computer programmers, and others who develop software that produces scannable Form 540.

Scannable Form 540 is the **only** computer-prepared format of Form 540, California Resident Income Tax Return, that the FTB will approve.

Tax practitioners who want to computer-prepare scannable Form 540 for their clients will need to use:

- The software CTPs develop that produce FTB-approved scannable Form 540.
- The personal computer hardware required, by individual software companies, to successfully “run” their software and produce FTB-approved scannable Form 540 (i.e., font cartridges, printers, etc.).
- The instructions to produce accurate scannable Form 540.
- The “**Asterisks in the Entity**” guidelines and “**PIT Entity Entry Instructions**” for taxpayer entity data. See page 25 and 26 for details.

## Guidelines for Preparing Scannable Form 540

These guidelines are subject to change due to legislative changes, equipment innovations, and/or procedural improvements.

### Instructional Text

Same as substitute tax forms. See page 18.

### Monetary Amounts

Monetary lines in the conventional area of scannable Form 540 must include the vertical rule (“penny line”) that separates dollars from cents. If the tax software program prints a decimal point that will follow the whole dollar amount, remove the vertical rule. If you remove the vertical rule because the software will print a decimal point, be sure to indicate this fact in your company’s **cover letter** that accompanies the scannable Form 540 review package. Otherwise, there is a chance that we will not approve the form.

Monetary amounts in the scanband of scannable Form 540 **must** be dollars only with no decimal points or other punctuation.

Companies may program their software to not print the cents of monetary amounts in the conventional area of scannable Form 540. However, all monetary amounts entered must follow a consistent format. We strongly urge software companies to round all figures to whole dollar amounts in the conventional area. This follows the official return instructions.

Tax software developers who use another software company’s forms that include the vertical rule must hard code “00” to print on each voluntary contribution line in the conventional area on Side 2 of scannable Form 540.

Companies may program their software to print a “12 position” dollar amount (includes commas and decimal point) in the conventional area of scannable Form 540. In those cases where we must manually process scannable Form 540 returns, the FTB will output 9 positions, no punctuation.

**Example:** 000,000,000.

**The FTB will process as:** 000000000

Unless a specific line instruction requires a zero (-0-), leave the conventional line blank when there is no entry. **Do not** print the word “**NONE**” in the conventional area or scanband of scannable Form 540.

### Negative Amounts

Program negative monetary amounts to print in the scanband as shown below. **Do not** use brackets in the scanband. **Example:** -549

### Layout

See the specifications for scannable Form 540 that begin on page 33.

### Keying Symbols

The conventional area of scannable Form 540 must include the current year’s keying symbols. See page 18.

### Source Code

Use source code “6” in the document ID string.

The FTB will post the advance draft and final proof of scannable Form 540 to **Area 1**, CTP Restricted Directory only.

### Margins

Margins are the same as substitute tax forms. See page 19.

### Font

Use Courier, 12-point font for taxpayer entity information, print lines 9 – 14 (alpha characters must print in upper case), and the Doc ID and CTP ID on print line 63.

### Type Style

The FTB designs California tax forms using *InDesign* in increments of 6 lines per inch and 10 strike zones per inch. The conventional area of scannable Form 540 must closely resemble the style and type size used on the official “handprint” version.

### Shading Requirements

There is no shading requirement on scannable Form 540.

### Paper

Print scannable tax forms on good quality, white, standard, stock machine paper (20lb.). Use paper that is 8 1/2” x 11.”

### Ink

Use black ink.

**Internal Control Numbers (ICN)**

Same as substitute tax forms. See page 19.

**Printing**

All printing must be:

- Laser (inkjet and deskjet are acceptable).
- **Courier (12-point)**, standard OCR-A font, or “standard print” font. **Do not use bold font.** (Print all alpha characters in upper case.)
- Original printed output (no corrections). If corrections are necessary, reprint entire return (Side 1, Side 2, and Side 3) to ensure changes made to Side 2 and Side 3 information are captured in the Scannable Band area on Side 1.
- On one side of the paper (**Do not duplex print, i.e., Do not duplex print scannable Form 540, Side 1 and Side 2 back-to-back.** Although it is preferred that Side 1, Side 2, and Side 3 print on separate sheets of paper, it is acceptable to duplex print Side 2 and Side 3 **only** back-to-back.
- 6 lines per inch.
- Upper case for alpha characters.

**CTP ID**

Same as substitute tax forms. See pages 19 and 20.

**Document ID String**

The document ID string is required on scannable Form 540. See “**Bottom Margin Registration Marks and Document ID Specifications**” on page 12 and “**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**” on page 13 for more information.

**Guidelines for Printing Taxpayer Entity Information for Scannable Form 540**

Use the following guidelines to print entity data (taxpayer's name and address area) on scannable Form 540 (and substitute Forms 540 2EZ, 540NR Long and Short, and 540X). The FTB will not approve forms that fail to follow these guidelines.

**Asterisks in the Entity – THIS IS CRITICAL**

Two asterisks (\*\*) on print line 9 of the entity indicates to us that taxpayer name(s), address, and social security number(s) (or ITIN) are unchanged from the previous year's tax return. This saves us processing time and helps prevent errors.

Users of your software product may **only** print two asterisks (\*\*) on print line 9 of the entity area if all of the following are true for the taxpayer (and taxpayer's spouse/RDP, if any):

- Filed a California Form 540, 540A, 540 2EZ, or 540NR (Long or Short) tax return last year.
- Did not change the address from the one shown on last year's tax return.

- Has the same SSN (or ITIN) as last year.
- Has the same name (first, middle, and last) as last year.
- Has the same filing status as last year.
- Is not deceased.

If all of the above conditions **do not** exist, do not print two asterisks (\*\*) on print line 9 of the entity area. The software product should offer a “pop-up” error message (on screen) to help prevent users from allowing the asterisks to print. Failure to follow these instructions may prevent us from correctly updating the taxpayer's file.

**Taxpayer Entity Information Examples:**

111-11-1111 LEE **	10	PBA 123456
SARAH E LEE		
1234 STATE ST		
CROWN	CA	12345
111-11-1111 TAXP	222-22-2222	10
JORDAN A TAXPAYER		
KAITLYNN G TAXPAYER		SINGLENFREE
12345½ SHORT ST		
ANYPLACE	CA	12345
111-11-1111 TEXA		10
AUSTIN M TEXAN		
HOMESTYLE NURSING HOME		
1234 BEAUTIFUL DR-21		
WELCOME	CA	54321
111-11-1111 BEEH	**	222-22-2222 10
MICKEY J BEEHAPPY		
LYNN S BEEHAPPY		
9876 LONGNAME WY	STE 141	PMB 12
WALLACE	CA	12345-6789 06-13-1948 02-04-1957
111-11-1111 SMIT		10
ROBERT J SMITH		12-05-08
		KIMBERLY SMITH
3452 BUSY DR	UN 5	
BORDERTOWN	CA	12345
111-11-1111 MISS	**	10
ELIJAH M MISSION		
PO BOX 888		
APO	AE	09876

If there is no spouse/RDP name, leave the line blank. If there is no additional address or executor/guardian name, leave the line blank.

To minimize instances where a user may hear from a client about processing problems, your manual or other product reading material should include:

- “**Asterisks in the Entity**” on this page.
- “**PIT Entity Entry Instructions**” on next page.
- “**Mailing and Assembly Instructions for Scannable Form 540**” on page 27.

**PIT Entity Entry Instructions**

- Alpha characters **must** be in upper case, Courier, 12-point font.
- Other than the hyphen (-) and slash (/), use no punctuation or symbols in the Street Address field.  
See *Taxpayer Entity Information Examples*: JORDAN A TAXPAYER and AUSTIN M TEXAN on page 25.
- **Do not** use commas or periods to separate address information.
- Monetary amounts. See “**Monetary Amounts**” on page 24 for specific details on how to enter monetary amounts in the conventional area.
- **Do not** space or use punctuation in the Name Control (first four letters of the taxpayer's last name) field.  
Form 541-ES and form FTB 3563: Name control is the first four letters of the estate's or trust's proper name and follows the estate's or trust's FEIN.
- **Do not** include titles or ranks such as DR, MD, ENSIGN, SGT, etc.
- Use Roman numerals (alpha characters) for numeric suffixes that follow the last name.
- Never space in name field(s). **Exception:** Use one space for JR, SR, II, etc. following the last name.
- The taxpayer and spouse/RDP SSN must be 11 digits (includes “-”). Enter “000-00-0000” in the SSN field if an individual has applied for or does not have an SSN. See next bullet.
- Individual Taxpayer Identification Number (ITIN): If a taxpayer has a “ITIN,” it should be entered in the SSN field.  
Form 541-ES and form FTB 3563: The FEIN must be 10 digits (includes “-”).
- Enter Principal Business Activity (PBA) code, if applicable. **Do not** hardcode “PBA.” “PBA” must print only with the code number (6-digit numeric). Otherwise, leave this field blank.  
See *Taxpayer Entity Information Example*: SARAH E. LEE on page 25.
- Enter deceased date of death for taxpayer or spouse/RDP in appropriate field. Format is “MM-DD-YY.” No punctuation other than the “-.”  
See *Taxpayer Entity Information Example*: ROBERT J SMITH on page 25.
- Enter last name **only** of taxpayer and spouse/RDP, if different, in the Prior Name fields. (Example: Marriage in the current tax year changes spouse's/RDP's maiden name.)  
See *Taxpayer Entity Information Example*: JORDAN A. TAXPAYER and KAITLYNN G. TAXPAYER on page 25.
- Use standard abbreviations for the suffix of the street name. See “**Standard Abbreviations**” on page 22.
- **Do not** enter apartment and apartment number/letter in the Street Address field. Enter in the designated “Apartment” and “Apartment Number” fields. These fields are on the same line as the “Street Address” field. Use these abbreviations in the “Apartment” field: APT, BLDG, SP, STE, RM, FL, and UN.
- Enter Private Mailbox (PMB) and PMB number/letter in the “PMB” and “PMB number/letter” fields. These fields are on the same line as the “Street Address” field. **Do not** hardcode “PMB.” “PMB” must print with a “PMB number/letter.” If no “PMB,” leave both fields blank.  
See *Taxpayer Entity Information Example*: MICKEY J BEEHAPPY and LYNN S BEEHAPPY on page 25.
- Additional Address field is a supplemental field used only for: “in-care-of” name and additional address information. Other than slash(/) use no punctuation or symbols in this field.
- See *Taxpayer Entity Information Example*: AUSTIN M TEXAN on page 25.
- Military “APO” or “FPO” addresses:
  - Enter “APO” or “FPO” in the first three positions of the City field.
  - **Do not** enter the name of the city for “APO” and “FPO” addresses.
  - Enter two-digit state code in the State field:

City field	State Code	ZIP Code Range
APO	AA	34000-34099
APO	AE	09000-09999
FPO	AP	96200-96699 and 98700

See *Taxpayer Entity Information Example*: ELIJAH M MISSION on page 25.
- In the State field, use the standard two-digit abbreviation for the state or United States possession. See “**State or U.S. Possessions**” on page 22.
- If using a foreign address, enter the country beginning in the State field. (The foreign address field overlays the State and ZIP Code fields, plus five additional positions. The overlay area is for the foreign country name and, if applicable, the foreign country's postal code.)
- The ZIP Code can be 10 digits (includes hyphen “-”).
- Enter date of birth (DOB) for taxpayer and spouse/RDP in appropriate field. Format is “MM-DD-YYYY.” No punctuation other than the “-.”
- Apply these guidelines, then truncate if the information exceeds the field length.

To help eliminate those instances when the City, State, and ZIP Code are entered into the City field, add an error check at the end of the City field for numeric characters.



## Mailing and Assembly Instructions for Scannable Form 540

### Preparer Responsibilities

Preparers should review their clients' tax returns for printer font problems and to ensure all of the following client information prints according to the specifications in this guide:

- Name(s), social security number(s) (or ITIN(s), address, and tax data.
- Direct deposit refund banking information.
- Tax data problems in the scanband (that could delay processing).

### Assembly and Mailing Instructions for Scannable Form 540

- Original tax return. **Do not duplex print (Side 1 and Side 2 back-to-back.)** Although it is preferred that Side 1, Side 2, and Side 3 print on separate sheets of paper, it is acceptable for your customers and clients to duplex print Side 2 and Side 3 **only** back-to-back.
- **Do not make corrections on the original tax return without reprinting.** (If something is incorrect, make the correction and **reprint the entire** tax return.)
- Sign the tax return in the space provided. If a joint tax return, spouse's/RDP's signature is required.
- **Attach** California W-2, Wage and Tax Statement, directly behind Side 3 (on top of Schedule CA, if applicable).
- When required, attach California supporting forms and schedules **behind** Schedule W-2. And, only if required, the supporting federal forms behind the California tax return package.
- **Attach** forms FTB 5805 and FTB 5805F, to the back of the completed California tax return package.
- Leave Side 1 loose and staple the rest of the tax return in the upper-left hand corner.
- Complete Form 540-V, Payment Voucher for 540 Returns, if your client has a balance due. (If your client **does not** have a balance due, **do not** complete or mail this form.)
- Using black or blue ink, make check or money order payable to the "Franchise Tax Board" for the full amount. Write the taxpayer's social security number or ITIN, if applicable, and "2010 Form 540" on it. (Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.)
- Enclose, but **do not** staple, any payment and Form 540-V with the computer-generated Form 540 return.
- **Mail original** tax return. (**Do not** mail a photocopy of the original.)

We ask that you help us by encouraging your customers to read and review FTB Pub. 1095D, Tax Practitioner Guidelines for Computer-Prepared Returns. We update this publication yearly with details on how practitioners can prepare their clients' returns accurately, using your tax software products.

### Return Mailing Addresses for Scannable Form 540

Mail **REFUND or NO AMOUNT DUE** tax returns to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0009

Mail **BALANCE DUE** tax returns to:

FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0009



## GUIDELINES FOR SCANNABLE FORM 540

### How Must the Form 540 Scannable Band Appear?

The scannable band is a fixed format located on Side 1. The two and three digit line numbers in the scanband correspond to the calculation line numbers in the conventional area of scannable Form 540:

- Entries will be in four columns.
- **Data must print in Courier (12-point)**, standard OCR-A font, or “standard print” font. **Do not use bold font.**
- The first column will start at line 16 at position 8, for a width of 14 printed positions.
- There **must** be 4 spaces between columnar format.
- The width of the 4 columns **must** be 14 printed positions.
- Right justify all dollar amounts and numeric entries. Omit leading zeros.
- Print “0” in fields that contain no data. **Do not print the word “NONE.”** Do not leave blank.  
Direct Deposit of Refund (DDR) Label Field – print lines 45 and 48). **Do not** hardcode.  
“DDR1” precedes “Routing number” on print line 45.  
“DDR2” precedes “Routing number” on print line 48.  
**If no DDR, this field must be blank.**
- DDR “Routing number;” print line 45 or 48. **Must** be nine numeric digits. First two digits **must** be 01 through 12 or 21 through 32.  
If a Routing number is entered on print line 45 or 48, there **must** be a “DDR Account number” at print line 46 or 49, and a “DDR Account type” at print line 47 or 50; otherwise, **all fields must be blank.**
- DDR Account number – The account number can be up to 17 characters and can include numbers and letters. Include hyphens but omit spaces and special symbols. **If less than 17 characters, right justify.**  
DDR Account Type – “1” will indicate Checking, and “2” will indicate Savings.
- All monetary entries **must** be positive and in dollars only. NO decimal points, commas, or other symbols or punctuation. **EXCEPTION:** For negative amount on line 17, use a minus sign (“-”) to precede the first digit. **Do not** use brackets.
- “0” will indicate “No” and “1” will indicate “Yes” for field numbers “06”, “FS” “3800”, “3803”, “SCHG1”, and “5870A” and “DESIGNEE”.
- “0” will indicate “No” and “1” will indicate “Yes” for field “5805 5805F” (**5805 is attached**).
- “0” will indicate “No” and “2” will indicate “Yes” for field “5805 5805F” (**5805F is attached**).
- For field “APE”, “0” (in print position 75) will indicate a calendar year end and “MMYY” (print positions 72-75) will indicate a fiscal year end (month and year end).

- Use field numbers 43 and 44 for the “Additional Credits.” **The additional credit amount must have a three-digit numeric code preceding the dollar amount.** The acronym name and code number should print on the applicable line(s) in the conventional area of scannable Form 540. For example, “17320” designates a Dependent Parent credit of \$20.
- Use field number 46 for the nonrefundable renter’s credit.
- Use field numbers 75 and 76 for the Child and Dependent Care Expenses Credit (CDC) qualifying individual’s SSN. Use 9 numeric and no dashes. Otherwise, print “0.” Right justify.
- Use field numbers 77 and 78 for the federal CDC claimed amount and CA CDC allowed amount. Otherwise, print “0.” Right justify.
- **Third (3rd) Party Designee Field** (print line 23). Hardcode “DESIGNEE” in print positions 62 through 69. If a “1” prints in DESIGNEE Field (print position 75), there must be an entry in “Designee Name” conventional area (Signature area) at the bottom of Side 1. Otherwise, print “0” in DESIGNEE Field.
- Tax Preparer ID Number Field Label (print line 24). **Mandatory**, professional products only. Hardcode “TPID” in print positions 62 through 65.
- Tax Preparer ID Number (PTIN) (print line 24). (**Mandatory**, professional products only.) Print “P” directly after “TPID” label (print position 66). Begin the eight-digit PTIN number in print position 68. If no PTIN, **do not** print “P.” Leave print positions 66 through 75 blank. (**Tax Preparer PTIN Example: TPIDP 12345678**) Print the PTIN in the conventional area (Paid preparer signature area) together (P12345678).
- Tax Preparer ID Number (SSN) (print line 24). (**Mandatory**, professional products only). Begin SSN in print position 67. Do not print dashes. If no SSN, leave print positions 66 through 75 blank. (**Tax Preparer SSN Example: TPID 123456789**)
- Tax Preparer ID Number FEIN field (print line 25). **Mandatory**, professional products only. Numeric, no dashes, right justify. Hardcode “FN” in print position 62 and 63. If no FEIN, leave print position 67 through 75 blank. **To help eliminate those instances when alpha characters are entered in the FEIN field, add an error check at the beginning of the FEIN field for alpha characters.**  
Use the first Tax Preparer ID Number field, for the paid preparer’s PTIN or SSN, if entered. If the paid preparer does not enter anything in the PTIN/SSN box, leave positions 66 through 75 blank in the scanband.

**Credit Names, Acronyms, and Code Number List**

Include this list in your user manual. \*PIT = Personal Income Tax \*CT = Corporation Tax

<b><u>Credit Name</u></b>	<b><u>Acronym</u></b>	<b><u>Code</u></b>	<b><u>PIT*</u></b>	<b><u>CT*</u></b>
Child Adoption	CHILD ADOPT	197	X	
Child and Dependent Care Expenses	NONE	NONE	X	
Community Development Financial Institution Deposits	CDFI DEPOSIT	209	X	X
Dependent Parent	DEP PARENT	173	X	
Disabled Access for Eligible Small Businesses	DSABL ACCESS	205	X	X
Donated Agricultural Products Transportation	DONATE AGTRN	204	X	X
Employer Child Care Contribution	CHLDCARE CTB	190	X	X
Employer Child Care Program	CHLDCARE PRG	189	X	X
Enhanced Oil Recovery	ENHNC OILREC	203	X	X
Enterprise Zone Employee	E/Z EMPL	169	X	
Enterprise Zone Hiring & Sales or Use Tax	E/Z HIRE/USE	176	X	X
Environmental Tax	ENVRMNTL TAX	218	X	X
First Time Buyer	1STTM HM BYR	222	X	
Joint Custody Head of Household	JT CSTDY HOH	170	X	
Local Agency Military Base Recovery Area (LAMBRA) Hiring & Sales or Use Tax	LAMBRA HR/US	198	X	X
Low-Income Housing	LOW-INC HOUS	172	X	X
Manufacturing Enhancement Area (MEA) Hiring	MEA HIRE	211	X	X
Natural Heritage Preservation Tax	HERITAGE	213	X	X
2009 New Home	09 NEW HOME	219	X	
2010 New Home	10 NEW HOME	221	X	
New Jobs	NEW JOBS	220	X	X
Nonrefundable Renter's Credit	NONE	NONE	X	
Other State Tax	OTHER STATE	187	X	
Prior Year Alternative Minimum Tax	PRIOR YR AMT	188	X	X
Prison Inmate Labor	INMATE LABOR	162	X	X
Research	RESEARCH	183	X	X
Senior Head of Household	SR HOH	163	X	
Targeted Tax Area (TTA) Hiring & Sales or Use Tax	TTA HIRE/USE	210	X	X

See "Repealed Credits with Carryover Provisions" list on page 30.

**Repealed Credits with Carryover Provisions**

Include this list in your user manual. \*PIT = Personal Income Tax \*CT = Corporation Tax

<b><u>Credit Name</u></b>	<b><u>Acronym</u></b>	<b><u>Code</u></b>	<b><u>PIT*</u></b>	<b><u>CT*</u></b>
Agricultural Products	AGRI PRODUCT	175	X	X
Commercial Solar Electric System	COMSLR EL CO	196	X	X
Commercial Solar Energy Carryover	COM SLR NRG	181	X	X
Contribution of Computer Software	CTB COMPSOFT	202		X
Employee Ridesharing:				
Employee Vanpool Program	R/S EMPLR VN	194	X	
Employer Ridesharing:				
Large	R/S LG EMPLR	191	X	X
Small	R/S SM EMPLR	192	X	X
Public Transit Passes	R/S TRANSIT	193	X	X
Energy Conservation	NRG CSRV CO	182	X	X
Farmworker Housing:				
New Construction/Rehabilitation	F/W HS CONST	207	X	X
Joint Strike Fighter:				
Joint Strike Fighter Property Costs	JSFPROPERTY	216	X	X
Joint Strike Fighter Wages	JSFWAGE	215	X	X
Los Angeles Revitalization Zone (LARZ) Hiring & Sales or Use Tax	LARZ HRE/USE	159	X	X
Low-Emission Vehicles	LOW-EMS VHCL	160	X	X
Manufacturers' Investment	MFG INVSTMNT	199	X	X
Orphan Drug	ORPHN DRG CO	185	X	X
Political Contributions	POLTCL CTB	184	X	
Recycling Equipment	RCYCL EQUIP	174	X	X
Residential Rental & Farm Sales	RES RNT/FARM	186	X	
Rice Straw	RICE STRAW	206	X	X
Ridesharing	R/S CO	171	X	X
Salmon & Steelhead Trout Habitat Restoration	SALMON/TROUT	200	X	X
Solar Energy	SLR NRG CO	180	X	X
Solar or Wind Energy System	SOLAR ENERGY	217	X	X
Solar Pump	SLR PUMP CO	179	X	X
Technological Property Contribution	TECHPROP CTB	201		X
Water Conservation	WATRCRV CO	178	X	
Young Infant	YNG INFNT CO	161	X	

## Scannable Form 540 Approval Checklist

### Entity Data Placement

To get entity data placement approval, submit tax returns that:

- ☐ Have all fields in the correct location (see “**Scannable Form 540 Specifications**” beginning on page 33).
- ☐ Follow “PIT Entity Entry Instructions.” (see page 26)
- ☐ Print the asterisks (see “**Asterisks in the Entity**” on page 25).
- ☐ Print an example **without** the asterisks. (if taxpayer entity information has changed since 2007.)
- ☐ Maximize all entity fields. **DO NOT FILL FIELDS WITH “X’s.” \***
- ☐ Print an example of “Attach Federal Return.”
- ☐ Print an example of “Do Not Attach Federal Return.”
- ☐ Print an example with Private Mailbox (PMB) and number/letter. Left justify number. (**Do not hardcode “PMB.”**)
- ☐ Print an example **without** a PMB and number/letter.
- ☐ Print an example with Principal Business Activity (PBA) Code. **Left justify.** If less than 6 characters, do not populate with “0.” (**Do not hardcode “PBA.”**)
- ☐ Print an example with taxpayer Date of Birth (DOB) and spouse/RDP DOB (Use format: “MM-DD-YYYY”)
- ☐ Print an example **without** taxpayer and/or spouse/RDP DOB.
- ☐ Print an example with Prior Name field taxpayer and/or spouse/RDP last name only (Your choice).
- ☐ Print an example **without** taxpayer and/or spouse/RDP Prior Name.
- ☐ Print an example with both “Taxpayer Deceased Date” code “D” AND “Spouse/RDP Deceased Date” code “C” in the PACARRP “RP” area, print line 13.
- ☐ Print an example with “Taxpayer Deceased Date” code “D” OR “Spouse/RDP Deceased Date” code “C” in the PACARRP “RP” area, print line 13.
- ☐ Print an example **without** “Taxpayer Deceased Date” code “D” AND “Spouse/RDP Deceased Date” code “C” in the PACARRP “RP” area. (Print line 13 is blank.)
- ☐ Print an example with both “Military” code “U” AND “Disaster” code “9” in the PACARRP “RP” area, print line 14.
- ☐ Print an example with “Military code “U” OR “Disaster code “9” in the PACARRP “RP” area, print line 14.
- ☐ Print an example **without** “Military” code “U” AND “Disaster” code “9” in the PACARRP “RP” area. (Print line 14 is blank.)

**Scanband Data Placement.** (For details, see and follow “**Form 540 Scannable Band Specifications (Side 1)**” beginning on page 35, and “**How Must the Form 540 Scannable Band Appear?**” on page 28.)

To get scanband data placement approval, submit tax returns that:

- ☐ Have all fields in the correct location.
- ☐ Have matching amounts in the scanband and on the conventional form lines.
- ☐ Have a fiscal year filer.\*
- ☐ Have a calendar year filer.
- ☐ Have a positive amount on line 17.
- ☐ Have a negative amount on line 17 (**DO NOT USE BRACKETS**).\*
- ☐ Have entries (other than -0-) on line 43 and line 44 (include 3-digit credit code)\* (see “**How Must the Form 540 Scannable Band Appear?**” on page 28.)
- ☐ Have entry (other than -0-) on line 6.
- ☐ Have entry on lines 75, 76, 77, and 78. Max fill all fields.
- ☐ Print “1” in at least two of the check off boxes (i.e., 3800, 3803, SCHG1, and 5870A).\*
- ☐ Print a “0” for the “FS” checkbox.
- ☐ Print a “1” for the “FS” checkbox.
- ☐ Print a “1” for the check box 5805 (**5805 attached**).
- ☐ Print a “2” for the check box 5805F (**5805F attached**).
- ☐ Print an example without DESIGNEE (“0” print line 23; Print an example with DESIGNEE (“1” print line 23).
- ☐ Print an example with DESIGNEE (“1” print line 23; Print an example without DESIGNEE (“0” on print line 23).
- ☐ Print an example of tax preparer ID Number (SSN) (print line 22). **Mandatory**, professional products only.
- ☐ Print an example of tax preparer ID Number (PTIN) (print line 24). **Mandatory**, professional products only.
- ☐ Print an example of tax preparer ID Number (FEIN) (print line 25). **Mandatory**, professional products only.
- ☐ Provide an example of the tax preparer ID Number (FEIN) (print line 25) field left blank. **Mandatory**, professional products only.
- ☐ Print an example with DESIGNEE (“1” print line 25).

\* If your software does not support the maximum Entity size or specific fields on this list, please be sure to indicate that information in your company’s review package cover letter.

## **GUIDELINES FOR SCANNABLE FORM 540**

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- ☐ Print an example of one Direct Deposit of Refund (DDR) “ includes: Label (DDR1) and Routing number, Account number, and Account type” (print lines 45, 46, and 47).
- ☐ Print an example of two DDRs including label (DDR 2) and routing numbers, account number, and account type – populate lines 45, 46, 47, 48, 49, and 50.
- ☐ Print an example of DDR Account Number, print line 46 or 49, with less than 17 characters. Right justify number.
- ☐ Print an example **without** DDR.

**Line Geometry** – Follow “**Samples of Internal Control Number (ICN) Placement, Bottom Line Registration Marks, and Document ID Placement**” on page 13.

- ☐ Bottom registration mark (1-point rule) line at horizontal position (print positions 6-28; 57-80 at print line 62).
- ☐ Bottom registration mark (2-point rule) line at horizontal position (print positions 30-35 and 50-55) and vertical positions 35/36 and 50/51 at print line 62; end at print line 63.

**Conventional Form**

- ☐ Vertical rule (penny line) shown on form. (If software product does not support the vertical rule, then your software company’s review package cover letter must indicate that the software will always print a decimal point after the whole dollar amount.)
- ☐ Print Taxpayer’s Last Name and SSN (or ITIN, if applicable) on Side 2 and Side 3 in top margin.
- ☐ Follow “**Guidelines for Preparing Scannable Form 540**” beginning on page 24.

**Keying Symbols and Source Code**

- ☐ Follow “**Guidelines for Preparing Scannable Form 540**” beginning on page 24.



**Scannable Form 540 Specifications**

Definitions:		ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7 - 14) and CTP ID and doc. ID (print line 63).
		NUMERIC	=	0-9	
		ALPHANUMERIC	=	A-Z, 0-9	
		LEFT JUSTIFY	=	LJ	
Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	Title of Form, Tax Year Area, and Privacy Language Area	6	25	30	Conventional form size/style
5	Title of Form, Tax Year Area, and Privacy Language Area	6	25	30	Conventional form size/style
5	Form Identifier (540) Area	66	5	70	Conventional form size/style
6	Title of Form, Tax Year Area, and Privacy Language Area	6	25	30	Conventional form size/style
6	Form Identifier (540) Area	66	5	70	Conventional form size/style
6	C1 Side 1	72	9	80	Conventional form size/style
6	Bold Line	6	—	80	Conventional form size/style
7	Account Period Ending	6	3	8	"APE"
7	Fiscal Year Ending	11	4	14	MMYY or leave blank
7	Federal Return Attachment Area Question – Did Taxpayer attach any federal forms or schedules other than Sch A, Sch B, Sch L, or Sch M?	62	19	80	Use Courier 8 pt. font. Yes – print "ATTACH FEDERAL RETURN" No – print "DO NOT ATTACH FEDERAL RETURN"
8	PACARRP Area	76	5	80	Conventional form size/style
9	Taxpayer's SSN (or ITIN) (mandatory)	8	11	18	Numeric, "—"
9	Name Control (First 4 Letters of Last Name) (mandatory)	21	4	24	Alpha, No Embedded Spaces, No symbols or punctuation
9	If taxpayer name and address information is unchanged from 2009, <b>must</b> enter " ** " otherwise, leave blank	26	2	27	" ** ", or blank
9	If Joint Tax Return, Spouse's/RDP's SSN (or ITIN) (mandatory)	30	11	40	Numeric, "—"
9	Form Year Indicator (mandatory)	54	2	55	"10"
9	Principal Business Activity (PBA) Code	59	12	70	Alphanumeric. Print "PBA" only when there is a "PBA" code. Program 3 spaces between the "PBA" and code. If the code is less than 6 characters LJ and do not populate with zeros. (e.g., PBA 123456). If no PBA code, leave PBA code field blank.
9	PACARRP Area	76	5	80	Conventional form size/style
10	Taxpayer's First Name (mandatory)	8	11	18	Alpha, No Embedded Spaces
10	Taxpayer's Middle Initial	21	1	21	Alpha, or blank
10	Taxpayer's Last Name (mandatory)	24	17	40	Alpha
10	Taxpayer – If Deceased, <b>must</b> Enter Date of Death, otherwise, leave blank	44	8	51	Numeric,"-", mm-dd-yy (e.g., 08-01-10), or blank
10	Taxpayer's Prior Name (if applicable)	56	17	72	Alpha, Last name only, or leave blank (e.g., A legal name change done in 2010)
10	PACARRP Area	76	5	80	Conventional form size/style
11	If Joint Tax Return, Spouse's/RDP's First Name (mandatory)	8	11	18	Alpha, No Embedded Spaces
11	If Joint Tax Return, Spouse's/RDP's Middle Initial	21	1	21	Alpha, or blank
11	If Joint Tax Return, Spouse's/RDP's Last Name (mandatory)	24	17	40	Alpha

# GUIDELINES FOR SCANNABLE FORM 540

## Scannable Form 540 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 7 - 14) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
11	If Joint Tax Return, Spouse/RDP – If Deceased, <b>must</b> Enter Date of Death, otherwise, leave blank	44	8	51	Numeric, “–”, mm-dd-yy (e.g., 08-01-10), or blank
11	If Joint Tax Return, Spouse’s/RDP’s Prior Name (if applicable)	56	17	72	Alpha, Last name only, or leave blank (e.g., Marriage/RDP in the current tax year changes spouse’s/RDP’s maiden name)
11	PACARRP Area	76	5	80	Conventional form size/style
12	Additional Address	8	30	37	Alphanumeric, Embedded spaces, No punctuation, no symbols other than “/”
12	Executor/Guardian	40	17	56	Alphanumeric
12	PACARRP Area	76	5	80	Conventional form size/style
13	Street Address (mandatory)	8	30	37	Alphanumeric, Embedded spaces, No punctuation, No symbols other than “/” or “_”
13	APT, STE, SP, RM, FL, BLDG, & UN	40	5	44	Alpha, LJ
13	Number or Letter (No symbols)	46	5	50	Alphanumeric, LJ
13	Private Mail Box (PMB)	53	3	55	Print “PMB” only when there is a “PMB” number or letter
13	Private Mail Box Number or Letter	57	6	62	Alphanumeric, LJ, or blank
13	PACARRP Area	76	5	80	Conventional form size/style
13	PACARRP Area (continued) RP Codes:	77	2	78	Alpha only, Courier 12-point font, any order, or blank D = Taxpayer deceased C = Spouse/RDP deceased
14	City (mandatory)	8	17	24	Alphanumeric, Embedded spaces
14	State (mandatory) Use the Standard Abbreviations in this publication.	27	2	28	Alpha
14	If Foreign Country	27	19	45	Alphanumeric, Embedded spaces
14	ZIP Code	31	10	40	Numeric, “–”, LJ
14	Taxpayer’s Date of Birth	50	10	59	Numeric, “–”, mm-dd-yyyy (eg., 06-13-1948), or blank
14	If Joint Tax Return, Spouse’s/RDP’s Date of Birth	63	10	72	Numeric, “–”, mm-dd-yyyy (eg., 02-04-1957), or blank
14	PACARRP Area	76	5	80	Conventional form size/style
14	PACARRP Area (continued) RP Codes:	77	2	78	Alphanumeric, Courier 12-point font, any order, or blank U = Military 9 = Disaster
16–51	540 Scanband – See specifications that begin on page 35.	–	–	–	–
52–61	Sign Here, Perjury Statement, Preparer Information, and Third Party Designee Information Area	6	–	80	Conventional form size/style
62–63	Bottom Registration Mark, and conventional area of scannable Form 540				End of bottom registration mark and conventional form size/style
63	CTP ID	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, “3101106” (Side 1), “3102106” (Side 2), and “3103106” (Side 3)

**Form 540 Scannable Band Specifications (Side 1)**

Definitions:	NUMERIC	=	0-9			
	"1"	=	Indicates a box was checked.			
			Exception: Field No. 01 (filing status) will indicate filing status box checked.			
	"0"	=	Will indicate no response.			
	"2"	=	Will indicate "FTB 5805F" is attached at print line 22.			
	RIGHT JUSTIFY	=	RJ			
						Use Courier 12-point font, not bold, for taxpayer data (print lines 16 - 36) and CTP ID and doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Mandatory Print Field	Begin Field Position	Maximum Field Length	Field Description
15	Blank line	—	—	—	—	—
16	Filing Status	8	"01"	21	1	"1," "2," "3," "4," or "5"
16	2010 CA Estimated Tax and other payments	26	"72"	31	9	Numeric
16	CA Peace Officer Memorial Foundation Fund	44	"408"	49	9	Numeric
16	APE	62	"APE"	72	4	"0" (RJ), "MMYY"
17	Claimed as a Dependent on Another Return	8	"06"	21	1	"0," "1"
17	Real Estate Withholding	26	"73"	31	9	Numeric
17	CA Sea Otter Fund	44	"410"	49	9	Numeric
17	Filing Status Question Field Label	62	"FS"	62	2	Alpha, Hardcode "FS"
17	Filing Status Question	75	—	75	1	"0," "1"
18	Senior Exemption	8	"09"	21	1	"1," "2"
18	Excess SDI (or VPD) Withheld	26	"74"	31	9	Numeric
18	CA Cancer Research Fund	44	"413"	49	9	Numeric
18	3800 Attached Box	62	"3800"	75	1	"0," "1"
19	Number of Dependents	8	"10"	20	2	Numeric
19	First Qualifying Individual's SSN	26	"75"	31	9	Numeric
19	Arts Council Fund	44	"415"	49	9	Numeric
19	3803 Attached Box	62	"3803"	75	1	"0," "1"
20	State Wages Form(s) W-2	8	"12"	13	9	Numeric
20	Second Qualifying Individual's SSN	26	"76"	31	9	Numeric
20	CA Police Activities League (CALPAL) Fund	44	"416"	49	9	Numeric
20	Schedule G-1 Attached Box	62	"SCHG1"	75	1	"0," "1"
21	CA Adjustments – Subtractions	8	"14"	13	9	Numeric
21	Federal Child/Dependent Care Expenses Allowable Amount	26	"77"	36	4	Numeric
21	CA Veterans Homes Fund	44	"417"	49	9	Numeric
21	5870A Attached Box	62	"5870A"	75	1	"0," "1"
22	CA adjustments – Additions	8	"16"	13	9	Numeric
22	CA Child/Dependent Care Expenses Allowable Amount	26	"78"	36	4	Numeric
22	Safely Surrendered Baby Fund	44	"418"	49	9	Numeric
22	5805 5805F Attached Box	62	"5805" "5805F"	75	1	"0," "1" = 5805 Attached "2" = 5805F Attached
23	CA Adjusted Gross Income	8	"17"	13	9	Numeric
23	Overpaid Tax	26	"91"	31	9	Numeric
23	Total Contributions	44	"110"	49	9	Numeric
23	Third Party Designee Field Label	62	"DESIGNEE"	62	8	Alpha, Hardcode "DESIGNEE"
23	Third Party Designee Question	75	—	75	1	"0" = No, "1" = Yes
24	Standard/Itemized Deductions	8	"18"	13	9	Numeric
24	Overpaid Tax Applied to 2011 Estimated Taxes	26	"92"	31	9	Numeric
24	Amount you owe	44	"111"	49	9	Numeric
24	Tax Preparer ID Number Field Label ("Mandatory professional products only")	62	"TPID"	62	4	Alpha, Hardcode "TPID"

# GUIDELINES FOR SCANNABLE FORM 540

## Form 540 Scannable Band Specifications (Side 1)

Definitions:	NUMERIC	=	0-9			
	"1"	=	Indicates a box was checked.			
			Exception: Field No. 01 (filing status) will indicate filing status box checked.			
	"0"	=	Will indicate no response.			
	"2"	=	Will indicate "FTB 5805F" is attached at print line 22.			
	RIGHT JUSTIFY	=	RJ			

Use Courier 12-point font, not bold, for taxpayer data (print lines 16 - 36) and CTP ID and doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Mandatory Print Field	Begin Field Position	Maximum Field Length	Field Description
24	Tax Preparer ID Number (PTIN) ("Mandatory professional products only")	66	"P"	66	1	"P" or blank
24	Tax Preparer ID Number (PTIN) ("Mandatory professional products only") continued	—	—	68	8	Numeric, RJ, or blank
24	Tax Preparer ID Number (SSN) ("Mandatory professional products only") continued	—	—	67	9	Numeric, No dashes, RJ, or blank
25	Tax	8	"31"	13	9	Numeric
25	Overpaid Tax Available This Year	26	"93"	31	9	Numeric
25	Interest, late return penalties, and late payment penalties	44	"112"	49	9	Numeric
25	Tax Preparer ID Number Field Label (FEIN) (Mandatory, professional products only)	62	"FN"	62	2	Alpha, Hardcode "FN"
25	Tax Preparer ID Number (FEIN) continued	—	—	67	9	Numeric, No dashes, RJ, or blank
26	Tax from SCH G-1 and form FTB 5870A	8	"34"	13	9	Numeric
26	Tax Due	26	"94"	31	9	Numeric
26	Underpayment of Estimated Tax	44	"113"	49	9	Numeric
27	New Jobs Credit, amount generated	8	"41"	13	9	Numeric
27	Use Tax	26	"95"	31	9	Numeric
27	Refund or No Amount Due	44	"115"	49	9	Numeric
28	New Jobs Credit, amount claimed	8	"42"	13	9	Numeric
28	CA Seniors Special Fund	26	"400"	37	3	Numeric
28	Direct Deposit Amount #1	44	"116"	49	9	Numeric
29	Credit	8	"43"	13	9	Numeric
29	Alzheimer's Disease/Related Disorders Fund	26	"401"	31	9	Numeric
29	Direct Deposit Amount #2	44	"117"	49	9	Numeric
30	Credit	8	"44"	13	9	Numeric
30	CA Fund for Senior Citizens	26	"402"	31	9	Numeric
31	Claiming more than two credits	8	"45"	13	9	Numeric
31	Rare and Endangered Species Preservation Program	26	"403"	31	9	Numeric
32	Nonrefundable Renter's Credit	8	"46"	19	3	Numeric
32	State Children's Trust Fund for the Prevention of Child Abuse	26	"404"	31	9	Numeric
33	Alternative Minimum Tax	8	"61"	13	9	Numeric
33	CA Breast Cancer Research Fund	26	"405"	31	9	Numeric
34	Mental Health Services Tax	8	"62"	13	9	Numeric
34	CA Firefighters' Memorial Fund	26	"406"	31	9	Numeric
35	Other Taxes and Credit Recapture	8	"63"	13	9	Numeric
35	Emergency Food For Families Fund	26	"407"	31	9	Numeric
36	Total Tax	8	"64"	13	9	Numeric
37	CA Income Tax Withheld	8	"71"	13	9	Numeric

*Form 540 Scannable Band Specifications (Side 1)*

Definitions:		NUMERIC	=	0-9	Use Courier 12-point font, not bold, for taxpayer data (print lines 16 - 36) and CTP ID and doc. ID (print line 63).	
		"1"	=	Indicates a box was checked. Exception: Field No. 01 (filing status) will indicate filing status box checked.		
		"0"	=	Will indicate no response.		
		"2"	=	Will indicate "FTB 5805F" is attached at print line 22.		
		RIGHT JUSTIFY	=	RJ		
Print Line	Identification	Begin Print Position	Mandatory Print Field	Begin Field Position	Maximum Field Length	Field Description
45	DDR1 Label	62	"DDR1"	62	4	"DDR1" or blank
45	Direct Deposit of Refund (DDR) Routing Number <b>If entry in this field, there must be entries in "Account Number" Field and "Account Type" Field. Otherwise, all three fields must be blank.</b>	—	—	70	9	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there <b>must</b> be entries in the "DDR Account Number" Field at print line 46 and "DDR Account Type" Field at print line 47. <b>Otherwise, all three fields must be blank.</b>
46	DDR "Account Number" <b>If entry in this field, there must be entries in DDR "Routing Number" Field and "Account Type" Field. Otherwise, all three fields must be blank.</b>	—	—	62	17	Alpha numeric, "—" RJ if less than 17 Characters. <b>Otherwise, all three fields must be blank.</b>
47	DDR "Account Type" <b>If entry in this field there must be entries in DDR "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.</b>	—	—	78	1	"1" = Checking or "2" = Savings <b>Otherwise, all three fields must be left blank.</b>
48	DDR2 Label	62	"DDR2"	62	4	"DDR2" or blank
48	Direct Deposit of Refund (DDR) Routing Number <b>If entry in this field, there must be entries in "Account Number" Field and "Account Type" Field. Otherwise, all three fields must be blank.</b>	—	—	70	9	Numeric. First two positions must be 01 through 12 or 21 through 32. If entry made in this field, there <b>must</b> be entries in the "DDR Account Number" at print line 49 and "DDR Account Type" Field at print line 50. <b>Otherwise, all three fields must be fields must be blank.</b>
49	DDR "Account Number" <b>If entry in this field there must be entries in DDR "Routing Number" Field and "Account Type" Field. Otherwise, all three fields must be blank.</b>	—	—	62	17	Alpha numeric, "—" RJ if less than 17 Characters. <b>Otherwise, all three fields must be left blank.</b>
50	DDR "Account Type" <b>If entry in this field there must be entries in DDR "Routing Number" Field and "Account Number" Field. Otherwise, all three fields must be blank.</b>	—	—	78	1	"1" = Checking or "2" = Savings <b>Otherwise, all three fields must be left blank.</b>
51	Bold Line	6	—	—	80	—



Note: Record Layout is Reduced

**Footnote: On print line 7, line positions 62-80 text must be either:**  
**"ATTACH FEDERAL RETURN" or "DO NOT ATTACH FEDERAL RETURN"**



### Submitting PIT Scannable Payment Forms 540-ES, 540-V, 541-ES, FTB 3519, 3563, and 3582 Approval Checklist

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#### CTP ID

- ☐ Print 3-digit CTP ID in Courier 12-point font, in print positions 32, 33, and 34 on print line 63.

#### Entity Data Placement

To get entity data placement approval, submit vouchers that:

- ☐ Print all alpha characters in upper case.
- ☐ Have all fields in the correct location.
- ☐ Follow **“PIT Entity Entry Instructions”** for scannable Form 540 on page 26.
- ☐ Print the asterisks. See **“Asterisks in the Entity”** on page 25.
- ☐ **Do not** print the asterisks. (If taxpayer entity information has changed since 2009, **do not** print asterisks.)
- ☐ Maximize all entity fields. **DO NOT FILL FIELDS WITH “X’s.”** If your software does not support the maximum entity field size, indicate the supported field size in your software company’s review package cover letter.
- ☐ Print example with Private Mailbox (PMB) and number. Left justify the number/letter if less than 6 digits. **Do not hardcode “PMB.”**
- ☐ Print example without Private Mailbox (PMB) and number.
- ☐ Give example of a fiscal year filer (APE).<sup>1</sup> (Applies to Forms 540-ES, 541-ES, and FTB 3563 only.)
- ☐ Give example of a calendar year filer. (Place single “O” in print position 77.) (Applies to Forms 540-ES, 541-ES, and FTB 3563 only.)
- ☐ **Exception for Form 540-ES and 541-ES only:** When estimate payment amount is unknown, leave “Amount of payment” area blank.

#### Line Geometry

- ☐ Bold line at print line 49, prints at position 6 through position 80.
- ☐ Bottom registration mark .25-line weight rule at print line 62, prints at position 6 through position 28 and at position 58 through position 80.<sup>2</sup>
- ☐ Bottom registration mark 2-point rule at print line 62, prints at position 30 through position 35 and at position 50 through position 55.
- ☐ Bottom registration mark 2-point vertical rule at print line 62, end at print line 63, at print position 35/36 and position 50/51.

#### Document ID String

- ☐ Doc. ID (Courier 12-point font) is 7-digits in and must print in positions 40 through 46 on print line 63 (Must have four blank spaces before and after string.)
- ☐ Doc. ID is correct (i.e., contains correct assigned form number, side/page number, tax year, and source code.)

#### Fiduciary Name Control Guidelines

Used **only** for the PIT scannable Form 541-ES and FTB 3563.

- When the estate or trust name includes a person’s name, use the last name for the proper name.  
**Example:** “Estate of Wanda Sue Wiser” – **Enter: WISE**
- When the estate or trust name includes initials, use the initials for the proper name. Do not use punctuation or space between initials. **Example:** “G.N.R.C Trust” – **Enter: GNRC**
- When only numeric data represents the name of the estate or trust, use the last name of the fiduciary from the name and title of the fiduciary field. **Example:** Name of estate or trust is: “1974#27652TR” and the name and title of the fiduciary is: “Joe Smith, Trustee” – **Enter: SMIT**
- When a “Will of” and a “For” is present in the proper name, use the last name in the “Will of” name.  
**Example:** “Proper name is Trust Under Will of Sally Hall for John Brown” – **Enter: HALL**
- When Minor or Trust for a Minor is represented in the proper name, use Minor. **Example:** Proper name is: “Irrevocable Minors Tr. for Grace Evans” – **Enter: MINO**
- When a company, church, or foundation is shown as the trust name without a person’s name, use the first part of the trust name as the proper name. **Example:** Proper name is “Protestant Episcopal Church Tr” – **Enter: PROT**

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<sup>1</sup> If your software does not support fiscal year filers, indicate this in your software company’s review package cover letter.

<sup>2</sup> If your software cannot support the .25-line weight rule, use a 1-point rule. Indicate the use of the 1-point rule in your software company’s review package cover letter.

**Scannable Form 540-ES Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"PAYMENT FORM ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-36	Blank lines	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
					Conventional form size/style
46	Payment Due Date	62	19	80	"File and Pay by April 15, 2011"
47	"Taxable Year" and underline	6	8	13	"File and Pay by June 15, 2011"
47	"California Form" and underline	69	11	79	"File and Pay by Sept. 15, 2011"
48	Taxable Year Area "2011"	7	6	12	"File and Pay by Jan. 17, 2012"
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (540-ES) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2011"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (540-ES) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	Conventional form size/style
51	Taxpayer's SSN (or ITIN) (mandatory)	9	11	19	Numeric, "—"
51	Name Control (First 4 Letters of Taxpayer's Last Name.) (mandatory)	22	4	25	Alpha. No embedded spaces, No symbols or punctuation
51	If taxpayer name and address information is unchanged from previous year, enter "***" otherwise, leave blank (mandatory)	27	2	28	"***", or blank
51	If Joint Return, Spouse's/RDP's SSN (or ITIN) (mandatory)	31	11	41	Numeric, "—"
51	Form Year Indicator	59	2	60	"11"
51	Account Period Ending (APE)	68	3	70	"APE"
51	APE	74	4	77	Calendar year payment = "0" at print position 77. Fiscal year payment = "MMYY"
52	Taxpayer's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer's Middle Initial	22	1	22	Alpha
52	Taxpayer's Last Name (mandatory)	25	17	41	Alpha

## GUIDELINES FOR SCANNABLE FORM 540-ES

### Scannable Form 540-ES Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	17	41	Alpha
54	Additional Address	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/"
55	Street Address (mandatory)	9	30	38	Alphanumeric, Embedded spaces, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, and UN	41	5	45	Alpha, LJ
55	Number or Letter	47	5	51	Alphanumeric, LJ
55	Private Mail Box (PMB)	54	3	56	"PMB"
55	Private Mail Box Number or Letter	58	6	63	Alphanumeric, LJ
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	28	2	29	Alpha
56	If Foreign Country	28	19	46	Alphanumeric, Embedded spaces
56	ZIP Code	32	10	41	Numeric, "-", LJ
57	Blank line	-	-	-	-
58	Amount of Payment	42	17	58	Print as: "Amount of payment"
58	Taxpayer's Amount of Payment	62	10	71	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount at print position 71.** <b>Do not use commas.</b>
59-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional Form 540-ES	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "1201116"

\*\* If payment amount is not known, leave blank.

If no spouse/RDP name, leave the applicable fields on print line 53 blank. If no additional address, leave that field on print line 54 blank.

**Do not** include deceased taxpayer/spouse/RDP information on scannable Form 540-ES.



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# GUIDELINES FOR SCANNABLE FORM 540-V

## Scannable Form 540-V Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51-58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (540-V) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (540-V) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Taxpayer's SSN or ITIN (mandatory)	9	11	19	Numeric, "—"
51	Name Control (First 4 Letters of Taxpayer's Last Name) (mandatory)	22	4	25	Alpha, No embedded spaces, No symbols or punctuation
51	If taxpayer name and address information is unchanged from previous year, enter "***" (mandatory), otherwise, leave blank	27	2	28	"***", or blank
51	If Joint Return, Spouse's/RDP's SSN or ITIN (mandatory)	31	11	41	Numeric, "—"
51	Form Year Indicator	59	2	60	"10"
52	Taxpayer's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer's Middle Initial	22	1	22	Alpha
52	Taxpayer's Last Name (mandatory)	25	17	41	Alpha
52	Taxpayer - If Deceased, Enter "DECD" and Date of Death (mandatory), otherwise, leave blank	44	15	58	Alphanumeric, "(DECD mm-dd-yy)", or blank
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha

**Scannable Form 540-V Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	17	41	Alpha
53	If Joint Return, Spouse/RDP - If Deceased, Enter "DECD" and Date of Death (mandatory), otherwise, leave blank	44	15	58	Alphanumeric, "(DECD mm-dd-yy)", or blank
54	Additional Address	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/"
54	Executor/Guardian	41	17	57	Alphanumeric
55	Street Address (mandatory)	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, AND UN	41	5	45	Alpha, LJ
55	Number or Letter (No symbols)	47	5	51	Alphanumeric, LJ
55	Private Mail Box (PMB)	54	3	56	"PMB"
55	Private Mail Box Number or Letter	58	6	63	Alphanumeric, LJ
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication)	28	2	29	Alpha
56	If Foreign Country	28	19	46	Alphanumeric, Embedded spaces
56	ZIP Code	32	10	41	Numeric, "-", LJ
57	Blank line	-	-	-	-
58	"Amount of payment"	42	17	58	Print as: "Amount of payment"
58	Taxpayer's Amount of payment	62	10	71	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount - at print position 71. <b>Do not use commas.</b>
59-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional Form 540-V	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "1261106"

If no spouse/RDP name, leave the applicable fields on print line 53 blank. If no additional address or executor/guardian name, leave the applicable fields on print line 54 blank.

**Scannable Form 540-V Record Layout**  
Note: Record Layout is Reduced

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40	PAY ONLINE																																												
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45	DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE																																												
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47																																													
48	TAXABLE YEAR Title of Form CALIFORNIA FORM 540-V																																												
49																																													
50																																													
51	PSSNXXXXXXXX NCTL ** S/RSSNXXXXX 10																																												
52	PFIRSTNAMEX X PLASTNAMEXXXXXXXXX (DECD MM-DD-YY)																																												
53	S/RFIRSTNAME X S/RLASTNAMEXXXXXXXXX (DECD MM-DD-YY)																																												
54	ADDITIONALADDRESSXXXXXXXXXXXXXXXXX EXECUTORXXXXXXXXX																																												
55	STREETADDRESSXXXXXXXXXXXXXXXXX APTXXX NOXXX PMB NOXXX																																												
56	CITYXXXXXXXXXX ST ZIPCODEXXX																																												
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58	Amount of payment XXXXXXXXXXXX.																																												
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**Scannable Form 541-ES Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"PAYMENT FORM ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Payment Due Date	62	19	80	Conventional form size/style "File and Pay by April 15, 2011" "File and Pay by June 15, 2011" "File and Pay by Sept. 15, 2011" "File and Pay by Jan. 17, 2012"
47	"Taxable Year and underline"	6	8	13	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2011"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (541-ES) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2011"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form identifier (541-ES) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Estate's or Trust's FEIN (mandatory)	9	10	18	Numeric, "—"
51	Name Control (First 4 Letters of Estate's or Trust's Proper Name.) (mandatory)	21	4	24	Alphanumeric, No embedded spaces, No symbols or punctuation
51	If estate's or trust's name and address information is unchanged from previous year, enter "***" otherwise, leave blank (mandatory)	26	2	27	"***", or blank
51	Form Year Indicator	59	2	60	"11"
51	Account Period Ending (APE)	68	3	70	"APE"
51	APE	74	4	77	Calendar year payment = "0" at print position 77. Fiscal year payment = "MMYY".
52	Name of Estate or Trust (mandatory)	9	33	41	Alphanumeric
53	Name and Title of Fiduciary (mandatory)	9	33	41	Alphanumeric
54	Additional Address	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/"



## GUIDELINES FOR SCANNABLE FORM 541-ES

### Scannable Form 541-ES Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
55	Street Address (mandatory)	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or "-"
55	Suite	41	5	45	Alpha, LJ
55	Number or Letter (No symbols)	47	5	51	Alphanumeric, LJ
55	Private Mail Box (PMB)	54	3	56	"PMB"
55	Private Mail Box Number or Letter	58	6	63	Alphanumeric, LJ
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	28	2	29	Alpha
56	If Foreign Country	28	19	46	Alphanumeric, Embedded spaces
56	ZIP Code	32	10	41	Numeric, "-", LJ
57	Blank line	-	-	-	-
58	Amount of Payment	42	17	58	Print as: "Amount of payment"
58	Estate's or Trust's Amount of Payment	62	10	71	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount at print position 71.** <b>Do not use commas.</b>
59-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional Form 541-ES	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "1211116"

\*\* If payment amount is not known, leave blank.

If no additional address, leave that field on print line 54 blank.



# GUIDELINES FOR SCANNABLE FORM FTB 3519

## Scannable Form FTB 3519 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51-58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3519 (PIT)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3519 (PIT)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Taxpayer's SSN or ITIN (mandatory)	9	11	19	Numeric, "—"
51	Name Control (First 4 Letters of Taxpayer's Last Name) (mandatory)	22	4	25	Alpha, No embedded spaces, No symbols or punctuation
51	If taxpayer name and address information is unchanged from previous year, enter "***" (mandatory), otherwise, leave blank	27	2	28	"***", or blank
51	If Joint Return, Spouse's/RDP's SSN or ITIN (mandatory)	31	11	41	Numeric, "—"
51	Form Year Indicator	59	2	60	"10"
52	Taxpayer's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer's Middle Initial	22	1	22	Alpha
52	Taxpayer's Last Name (mandatory)	25	17	41	Alpha
52	Taxpayer - If Deceased, Enter "DECD" and Date of Death (mandatory), otherwise, leave blank	44	15	58	Alphanumeric, "(DECD mm-dd-yy)", or blank
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha

**Scannable Form FTB 3519 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	17	41	Alpha
53	If Joint Return, Spouse/RDP - If Deceased, Enter "DECD" and Date of Death (mandatory), otherwise, leave blank	44	15	58	Alphanumeric, "(DECD mm-dd-yy)", or blank
54	Additional Address	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/"
54	Executor/Guardian	41	17	57	Alphanumeric
55	Street Address (mandatory)	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, AND UN	41	5	45	Alpha, LJ
55	Number or Letter (No symbols)	47	5	51	Alphanumeric, LJ
55	Private Mail Box (PMB)	54	3	56	"PMB"
55	Private Mail Box Number or Letter	58	6	63	Alphanumeric, LJ
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication)	28	2	29	Alpha
56	If Foreign Country	28	19	46	Alphanumeric, Embedded spaces
56	ZIP Code	32	10	41	Numeric, "-", LJ
57	Blank line	-	-	-	-
58	"Amount of payment"	42	17	58	Print as: "Amount of payment"
58	Taxpayer's Amount of payment	62	10	71	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount - at print position 71. <b>Do not use commas.</b>
59-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3519	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "1221106"

If no spouse/RDP name, leave the applicable fields on print line 53 blank. If no additional address or executor/guardian name, leave the applicable fields on print line 54 blank.

Note: Record Layout is Reduced

0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4								
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4



**Scannable Form FTB 3563 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3563 (541)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3563 (541)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Estate's or Trust's Federal Employer Identification Number (FEIN) (mandatory)	9	10	18	Numeric, "-"
51	Name Control (First 4 Letters of Estate's or Trust's Proper Name.) (mandatory)	21	4	24	Alphanumeric, No embedded spaces, No symbols or punctuation
51	If estate's or trust's name and address information is unchanged from previous year, enter "***", otherwise, leave blank (mandatory)	26	2	27	"***", or blank
51	Form Year Indicator	59	2	60	"10"
51	Account Period Ending (APE)	68	3	70	"APE"
51	APE	74	4	77	Calendar year payment = "0" at print position 77. Fiscal year payment = "MMYY"
52	Name of Estate or Trust (mandatory)	9	33	41	Alphanumeric, no punctuation or symbols
52	If Deceased, enter "DECD" and Date of Death, (mandatory); otherwise, leave blank	44	15	58	Alphanumeric, "(DECD mm-dd-yy)", or blank

## GUIDELINES FOR SCANNABLE FORM FTB 3563

### Scannable Form FTB 3563 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
53	Name and Title of Fiduciary (mandatory)	9	33	41	Alphanumeric, No punctuation or symbols
54	Additional Address	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/"
54	Executor/Guardian	41	17	57	Alphanumeric, no punctuation or symbols
55	Street Address (mandatory)	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/" or "-"
55	Suite	41	5	45	Alpha, LJ
55	Number or Letter (No symbols)	47	5	51	Alphanumeric, LJ
55	Private Mail Box (PMB)	54	3	56	"PMB"
55	Private Mail Box Number or Letter	58	6	63	Alphanumeric, LJ
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	28	2	29	Alpha
56	If Foreign Country	28	19	46	Alphanumeric, Embedded spaces
56	ZIP Code	32	10	41	Numeric, "-", LJ
57	Blank line	—	—	—	—
58	"Amount of payment" (mandatory)	42	17	58	Print as: "Amount of payment"
58	Estate's or Trust's Amount of payment	62	10	71	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount at print position 71. <b>Do not use commas.</b>
59-61	Blank lines	—	—	—	—
62-63	Bottom Registration Mark and conventional form FTB 3563	—	—	—	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "1231106"

If no additional address or executor/guardian name, leave print line 54 blank.

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# GUIDELINES FOR SCANNABLE FORM FTB 3582

## Scannable Form FTB 3582 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51-58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3582 (e-file)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3582 (e-file)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Taxpayer's SSN or ITIN (mandatory)	9	11	19	Numeric, "—"
51	Name Control (First 4 Letters of Taxpayer's Last Name) (mandatory)	22	4	25	Alpha, No embedded spaces, No symbols or punctuation
51	If taxpayer name and address information is unchanged from previous year, enter "***", otherwise, leave blank (mandatory)	27	2	28	"***", or blank
51	If Joint Return, Spouse's/RDP's SSN or ITIN (mandatory)	31	11	41	Numeric, "—"
51	Form Year Indicator	59	2	60	"10"
52	Taxpayer's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
52	Taxpayer's Middle Initial	22	1	22	Alpha
52	Taxpayer's Last Name (mandatory)	25	17	41	Alpha
53	If Joint Return, Spouse's/RDP's First Name (mandatory)	9	11	19	Alpha, No embedded spaces
53	If Joint Return, Spouse's/RDP's Middle Initial	22	1	22	Alpha
53	If Joint Return, Spouse's/RDP's Last Name (mandatory)	25	17	41	Alpha

**Scannable Form FTB 3582 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51-58) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
54	Additional Address	9	30	38	Alphanumeric, Embedded spaces, No punctuation, No symbols other than "/"
55	Street Address (mandatory)	9	30	38	Alphanumeric, No punctuation, No symbols other than "/" or "-"
55	APT, STE, SP, RM, FL, BLDG, AND UN	41	5	45	Alpha, LJ
55	Number or Letter (No symbols)	47	5	51	Alphanumeric, LJ
55	Private Mail Box (PMB)	54	3	56	"PMB"
55	Private Mail Box Number or Letter	58	6	63	Alphanumeric, LJ
56	City (mandatory)	9	17	25	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	28	2	29	Alpha
56	If Foreign Country	28	19	46	Alphanumeric, Embedded spaces
56	ZIP Code	32	10	41	Numeric, "-", LJ
57	Blank line	—	—	—	—
58	"Amount of payment" (mandatory)	42	17	58	Print as: "Amount of payment"
58	Taxpayer's Amount of Payment	62	10	71	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – at print position 71. <b>Do not use commas.</b>
59-61	Blank lines	—	—	—	—
62-63	Bottom Registration Mark and conventional form FTB 3582	—	—	—	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "1251106"



Note: Record Layout is Reduced

[illegible]

**Business Entity Entry Instructions**

- All taxpayer data must print in Courier 12-point font, not bold.
- Alpha characters **must** be in upper case.
- Entity ID Number field must be one of the following:
  - **Forms 100-ES, FTB 3539, and FTB 3586**
    - Corporation number - Numeric, 7 digits, no preceding alpha character or dashes, spaces, or punctuation; includes leading zeros (e.g., "1234567" or "0000000")
  - **Forms FTB 3538 and 3587**
    - FEIN - Numeric, 10 digits, includes hyphen (-) (e.g., "12-3456789" or "00-0000000")
  - **Forms FTB 3522, 3536, 3537 and 3588**
    - SOS File Number - Numeric, 10 or 12 digits (If SOS File Number is 10 digits, tax software **must** precede with zeros (e.g., "001234567891"). Number must begin with 19 or 20 (e.g., "200412345678")
  - When the entity has applied for or does not have an Entity ID Number, enter the appropriate number of zeros in the Entity ID Number field. When entering zeros for the FEIN, include the hyphen (i.e., "00-0000000").
- Entity Name Control field must contain the first 4 characters of the corporation, exempt organization, partnership, or LLC name **with these exceptions**:
  - Spell out ampersand (&) as "AND" if (&) is contained in the first 4 characters of the Entity's name. (See Business Entity Information Example 1 on page 60.)
  - **Do not** space or use symbols or any punctuation, including hyphens (-) and slashes (/). (See Business Entity Information Example 2 on page 60.)
  - **Do not** use "The" when it is the first word in the Entity's name. (See Business Entity Information Example 4 on page 60)
- Enter Form Type Indicator as:
  - Forms 100, 100S, and 100W = 1
  - Form 109 = 2
  - Form 199 = 3
  - If more than one form, or no form indicated = 0

**Note:** Refer to the specifications for each business entity form to confirm the applicable Form Type Indicator to program for that form.
- Entity Tax Year Beginning and Ending
  - To help eliminate those instances when a user enters a taxable year ending (TYE) date that is earlier than the taxable year beginning (TYB) date, add an error check that allows user to re-enter the correct TYE.
- Enter Business Entity Name – Use business name, as is:
  - The corporation, partnership, or LLC name may contain embedded spaces, hyphens (-), slashes (/), and ampersands (&). (See Business Entity Information Examples 1, 2, and 3 on page 60)

- **Do not** use any other symbols or punctuation in the Business Entity Name field.
- Address Data:
  - Other than the hyphen (-) and slash (/), use no punctuation or symbols in the Street Address field.
  - **Do not** use commas or periods to separate address information.
  - Use standard abbreviations for the suffix of the street name. See "**Standard Abbreviations**" on page 22.
  - **Do not** enter suite and suite number/letter in the Street Address field. Enter in the designated "Suite" and "Suite Number" fields. These fields are on the same line as the "Street Address" field. **Note:** Use these abbreviations in the "Suite" field: STE, RM, FL, BLDG, and UN.
  - Enter Private Mailbox (PMB) and PMB number/letter in the "PMB" and "PMB number/letter" fields. These fields are on the same line as the "Street Address" field. **Do not** hardcode "PMB." "PMB" must print **only** when a user enters a "PMB number/letter." If no "PMB," leave both fields blank.
  - Use the Additional Information field for "Doing Business As" (DBA), "Owner/Representative/Attention" name, and other supplemental address information **only**. Other than the slash (/), use no punctuation or symbols in this field.
  - Military "APO" or "FPO" addresses:
    - Enter "APO" or "FPO" in the first three positions of the City field.
    - **Do not** enter the name of the city for "APO" and "FPO" addresses. Enter the two-character alpha state code in the State field:

<u>City field</u>	<u>State Code</u>	<u>ZIP Code Range</u>
APO	AA	34000-34099
APO	AE	09000-09999
FPO	AP	96200-96699 and 98700

- In the State field, use the standard two-character alpha abbreviation for the state or United States possession. See "**State or U.S. Possessions**" on page 22.
- If using a foreign address, enter the country beginning in the State field. (The foreign address field overlays the State and ZIP Code fields, plus five additional positions. The overlay area is for the foreign country name and, if applicable, the foreign country's postal code.)
- The ZIP Code can be 10 digits (includes hyphen "-").
- Apply these guidelines, then truncate if the information exceeds the field length.

**Note:** To help eliminate those instances when the City, State, and ZIP Code are entered into the City field, add an error check at the end of the City field for numeric characters.

**(See Business Entity Information Examples on page 60)**

## GUIDELINES FOR BUSINESS ENTITY (BE) SCANNABLE PAYMENT FORMS

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### Business Entity Information Examples:

#### Example 1 Corporation:

0000823                      LPAN      44-1234567                      (123) 456-7890                      10                      FORM      1  
TYB      01-01-10                      TYE      12-31-10  
LP & T CONSULTING SERVICES INCORPORATED  
B GANGLER  
9646 BUTTERFIELD WY  
RANCHO CORDOVA                      CA      95670-3720

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#### Example 2 Partnership:

99-7654321                      LZ                      199971234567                      (123) 456-7890                      10                      FORM      0  
TYB      01-01-10                      TYE                      12-31-10  
L - Z  
  
5800 SANTA ANITA AV    STE                      2  
EL MONTE    CA      92102-1230

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#### Example 3 LLC:

200387654321                      2011                      95-8654321                      (123) 456-7890                      10                      FORM      0  
TYB      00-00-00                      TYE      00-00-00  
2011 - 2015 - 2017 - 2019 WHASSUP  
  
4900 W CAMBRIDGE  
ATLANTA    GA      30303

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#### Example 4 Exempt Organization:

7777888                      LTPL                      99-7777777                      (123) 456-7890                      10                      FORM      0  
TYB      01-01-10                      TYE                      12-31-10  
THE LTP LLC  
C VEGA  
4545 BUTTERFLY LN    PMB                      15  
SACRAMENTO    CA      95823

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**Submitting BE Scannable Payment Forms 100-ES, FTB 3522, 3536, 3537, 3538, 3539, 3586, 3587, and 3588**  
**Approval Checklist**

All taxpayer data (print lines 51-59) and CTP ID and doc. ID (print line 63) are in Courier 12-point font, not bold.

**Entity Data Placement**

To get entity data placement approval, submit vouchers that:

- ☐ Have all fields in the correct location.
- ☐ Follow **“Business Entity Entry Instructions”** for BE scannable vouchers on page 59.
- ☐ Entity ID Number:
  - ☐ Give an example of corporation number (Forms 100-ES, FTB 3539, and FTB 3586). A corporation number is seven digits. (e.g., “1234567” or “0000000”)
  - ☐ Give an example of FEIN (Forms FTB 3538 and FTB 3588). A FEIN is 10 digits including the hyphen (e.g., “12-3456789” or “00-0000000”)
  - ☐ Give an example of SOS file number, **MUST** begin with “19” or “20.” (Forms FTB 3522, FTB 3536, FTB 3537, and FTB 3587). (e.g., “200412345678”)
- ☐ Give an example of Form Type Indicator (i.e., “0,” “1,” “2,” or “3”). (Refer to the specifications for each form to verify the applicable Form Type Indicator to program.)
- ☐ Give an example of a fiscal year filer [Taxable Year Beginning (TYB) and Taxable Year Ending (TYE)].<sup>1</sup> (e.g., “TYB 02-01-10” “TYE 01-31-11”)
- ☐ Give an example of calendar year filer [Taxable Year Beginning (TYB) and Taxable Year Ending (TYE)]. (e.g., “TYB 01-01-10” “TYE 12-31-10”)
- ☐ Maximize all entity fields. **DO NOT FILL FIELDS WITH “X’s.”** If your software does not support the maximum entity field size, indicate the supported field size in your software company’s review package cover letter.
- ☐ Print an example with Private Mailbox (PMB) and letter/number. Left justify the number/letter if less than 6 characters. **Do not hardcode “PMB.”**
- ☐ Print an example without Private Mailbox (PMB) and letter/number.

**Line Geometry**

- ☐ Bold line at print line 49, prints at position 6 through position 80.
- ☐ Bottom registration mark .25-line weight rule at print line 62, prints at position 6 through position 28 and at position 57 through position 80.<sup>2</sup>
- ☐ Bottom registration mark 2-point rule at print line 62, prints at position 30 through position 35 and at position 50 through position 55.
- ☐ Bottom registration mark 2-point vertical rule at print line 62, end at print line 63 at print position 35 (between 35/36) and position 50 (between 50/51).
- ☐ CTP ID prints in print positions 32, 33, and 34 on print line 63.
- ☐ Doc. ID prints in print positions 40 through 46, (with 4 blank spaces before and after) at print line 63.

<sup>1</sup> If your software does not support fiscal year filers, indicate this in your software company’s review package cover letter.

<sup>2</sup> If your software company cannot support the .25-line weight rule, use a 1-point rule. Indicate the use of the 1-point rule in your software company’s review package cover letter.

## GUIDELINES FOR SCANNABLE FORM 100-ES

### Scannable Form 100-ES Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"Installment Information" and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26	Blank line	—	—	—	—
27-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Installment X ("X" stands for 1, 2, 3, and 4.)	73	—	—	Center "Installment X" over "California Form" using conventional form size/style
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional forms size/style
48	Taxable Year Area "2011"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (100-ES) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2011"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (100-ES) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits, No preceeding alpha character or dashes, spaces, or punctuation. (e.g., "1234567" or "0000000")
51	Entity Name Control (First Four characters of Corporation's Name (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "—", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "(", "—", embedded space, no other symbol or punctuation, or blank. (e.g., (123) 456-7890))
51	Form Year Indicator (mandatory)	59	2	60	"11"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	The type of return the entity will file: 100, 100W, or 100S = "1" 109 = "2" If more than one form/no form = "0"
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "—", Enter "MM-DD-YY" for fiscal or calendar year beginning. Enter "00-00-00" <b>only</b> if TYB is unknown.



*Scannable Form 100-ES Specifications*

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending. Enter "00-00-00" <b>only</b> if TYE is unknown.
53	Name of Corporation (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	Owner's or Representative's name or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no Owner's/ Representative's name or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57	Blank line	-	-	-	-
58	"Est Tax Amt" (mandatory)	6	11	16	Print as: "Est Tax Amt"
58	Est Tax Amt	21	10	30	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount - print position 30.
58	"QSub Tax Amt" (mandatory)	33	12	44	Print as: "QSub Tax Amt"
58	QSub Tax Amt	49	10	58	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount - print position 58.
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only, or blank. Decimal point must print at end of dollar amount - print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional Form 100-ES	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6101116"

\*\* Center "Installment X" ("X" stands for 1, 2, 3, and 4) over "California Form," using Courier (or Courier New) 8-pt font.

**Scannable Form FTB 3522 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2011"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3522) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2011"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3522) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	SOS File Number (mandatory)	6	12	17	Numeric, SOS File Number must begin with 19 or 20. (e.g., "199412345678") SOS File Number can be 10 digits or 12 digits. When 10 digits precede with zeros. (e.g., "001234567890") If not available, zero fill (e.g., "000000000000").
51	Entity Name Control (First Four Characters of Limited Liability Company's Name) (mandatory)	20	4	23	Alphanumeric, no embedded spaces, no symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "—", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "( )", "—", no other symbols or punctuation, embedded space, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"11"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

# GUIDELINES FOR SCANNABLE FORM FTB 3522

## Scannable Form FTB 3522 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	DBA, Attention Name, and/or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no DBA, Attention name, or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	73	4	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3522	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6111116"

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# GUIDELINES FOR SCANNABLE FORM FTB 3536

## Scannable Form FTB 3536 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2011"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3536 (LLC)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2011"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3536 (LLC)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	SOS File Number (mandatory)	6	12	17	Numeric, SOS File Number must begin with 19 or 20. (e.g., "199412345678") SOS File Number can be 10 digits or 12 digits. When 10 digits precede with zeros. (e.g., "001234567890") If not available, zero fill (e.g., "000000000000").
51	Entity Name Control (First Four characters of Limited Liability Company's Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "—", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "( )", "—", no other symbols or punctuation, embedded space, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"11"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"



**Scannable Form FTB 3536 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	DBA, Attention Name, and/or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no DBA, Attention name, or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3536	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6221116"

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**Scannable Form FTB 3537 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT USE..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3537 (LLC)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3537 (LLC)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Limited Liability Company SOS File Number (mandatory)	6	12	17	Numeric, SOS File Number must begin with 19 or 20 (e.g., "200412345678"). SOS File Number can be 10 digits or 12 digits. When 10 digits, precede with zeros. (e.g., "001234567890"). If not available, zero fill (e.g., "000000000000").
51	Entity Name Control (First Four Characters of Limited Liability Company's Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric "—" zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "( )", "—", embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890).
51	Form Year Indicator (mandatory)	59	2	60	"10"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

# GUIDELINES FOR SCANNABLE FORM FTB 3537

## Scannable Form FTB 3537 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	DBA and/or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation. If no DBA or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3537	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6121106" (Side 1) and "6122106" (Side 2)

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# GUIDELINES FOR SCANNABLE FORM FTB 3538

## Scannable Form FTB 3538 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5-12	Blank lines	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3538 (565)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3538 (565)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Limited Partnership, Limited Liability Partnership, or REMIC Federal Employer Identification Number (FEIN) (mandatory)	6	10	15	Numeric, "—", or zero fill (e.g., "12-3456789" or "00-0000000")
51	Entity Name Control (First Four Characters of Limited Partnership, Limited Liability Partnership, or REMIC Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Secretary of State (SOS) File Number (if available)	26	12	37	Numeric, SOS File Number must begin with 19 or 20. (e.g., "200412345678"). SOS File Number can be 10 digits or 12 digits. When 10 digits, precede with zeros. (e.g., "001234567890") If not available, zero fill (e.g., "000000000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "( )", "—", embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"10"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"



**Scannable Form FTB 3538 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Limited Partnership, Limited Liability Partnership, or REMIC (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	DBA and/or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no DBA or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3538	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6211106"

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**Scannable Form FTB 3539 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Form at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT FILE ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3539 (CORP)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3539 (CORP)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits, or zero fill (e.g., "1234567" or "0000000")
51	Entity Name Control (First Four characters of Corporation or Exempt Organization Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "-", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "(", ")", "-", embedded space, no other symbol or punctuation, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"10"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	The type of return the entity will file: 100, 100S, 100W = "1" 109 = "2" 199 = "3" More than one form/No form = "0"

# GUIDELINES FOR SCANNABLE FORM FTB 3539

## Scannable Form FTB 3539 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Corporation or Exempt Organization (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	Additional Information	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation. If no additional address information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3539	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6141106"

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# GUIDELINES FOR SCANNABLE FORM FTB 3586

## Scannable Form FTB 3586 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3586 (e-file)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3586 (e-file)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Corporation Number (mandatory)	6	7	12	Numeric, seven digits or zero fill (e.g., "1234567" or "0000000")
51	Entity Name Control (First Four characters of Corporation or Exempt Organization Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "-", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "(", ")", "-", embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890).
51	Form Year Indicator (mandatory)	59	2	60	"10"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown



**Scannable Form FTB 3586 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Corporation or Exempt Organization (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no additional address information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3586	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6181106"

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**Scannable Form FTB 3587 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional form size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3587 (e-file)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3587 (e-file)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Limited Partnership, Limited Liability Partnership, or REMIC Federal Employer Identification Number (FEIN) (mandatory)	6	10	15	Numeric, "-", or zero fill (e.g., "12-3456789" or "00-0000000")
51	Entity Name Control (First Four characters of Limited Partnership, Limited Liability Partnership or REMIC Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Limited Partnership, Limited Liability Partnership, or REMIC Secretary of State (SOS) File Number (if available)	26	12	37	Numeric, SOS File Number must begin with 19 or 20 (e.g., "200412345678"). SOS File Number can be 10 digits or 12 digits. When 10 digits, precede with zeros. (eg., "001234567890") If not available, zero fill (e.g. "000000000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "(", "-", embedded space, no other symbols or punctuation, or blank (e.g.,(123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"10"
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"

# GUIDELINES FOR SCANNABLE FORM FTB 3587

## Scannable Form FTB 3587 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
52	Taxable Year Beginning (mandatory)	6	3	8	"TYB"
52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Limited Partnership, Limited Liability Partnership or REMIC (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	DBA and/or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no DBA or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56-61	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3587	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6191106"

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# GUIDELINES FOR SCANNABLE FORM FTB 3588

## Scannable Form FTB 3588 Specifications

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
	NUMERIC	=	0-9	
	ALPHANUMERIC	=	A-Z, 0-9	
	LEFT JUSTIFY	=	LJ	
	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	—	—	—	—
4	"Voucher at bottom of page."	30	29	58	Conventional form size/style
5	Blank line	—	—	—	—
6-11	"DO NOT MAIL ..." and box	12	62	73	Conventional form size/style
12	Blank line	—	—	—	—
13-25	"WHERE TO FILE" and box	12	62	73	Conventional form size/style
26-27	Blank lines	—	—	—	—
28-35	"WHEN TO FILE" and box	12	62	73	Conventional form size/style
36	Blank line	—	—	—	—
37-42	"PAY ONLINE" and box	12	62	73	Conventional form size/style
43-44	Blank lines	—	—	—	—
45	"Detach Here"/"Do Not Mail" line	6	75	80	Conventional form size/style
46	Blank line	—	—	—	—
47	"Taxable Year" and underline	6	8	13	Conventional form size/style
47	Title of Form	15	37	51	Conventional form size/style
47	"California Form" and underline	69	11	79	Conventional forms size/style
48	Taxable Year Area "2010"	7	6	12	Conventional form size/style
48	Title of Form	15	37	51	Conventional form size/style
48	Form Identifier (3588 (e-file)) Area	70	9	78	Conventional form size/style
49	Taxable Year Area "2010"	7	6	12	Conventional form size/style
49	Title of Form	15	37	51	Conventional form size/style
49	Form Identifier (3588 (e-file)) Area	70	9	78	Conventional form size/style
49	Bold line	6	75	80	Conventional form size/style
50	Blank line	—	—	—	—
51	Limited Liability Company SOS File Number (mandatory)	6	12	17	Numeric, SOS File Number must begin with 19 or 20 (e.g., "200412345678"). SOS File Number can be 10 digits or 12 digits. When 10 digits, precede with zeros (e.g., "001234567890"). If not available, zero fill (e.g., "000000000000").
51	Entity Name Control (First Four characters of Limited Liability Company's Name) (mandatory)	20	4	23	Alphanumeric, No embedded spaces, No symbols or punctuation
51	Federal Employer Identification Number (FEIN) (if available)	26	10	35	Numeric, "—", zero fill (e.g., "12-3456789" or "00-0000000")
51	Point of Contact Phone Number	40	14	53	Numeric, "( )", "—", embedded space, no other symbols or punctuation, or blank (e.g., (123) 456-7890)
51	Form Year Indicator (mandatory)	59	2	60	"10
51	FORM (mandatory)	68	4	71	"FORM"
51	Form Type Indicator (mandatory)	74	1	74	Numeric, "0"



**Scannable Form FTB 3588 Specifications**

Definitions:	ALPHA	=	A-Z (MUST BE ALL CAPS)	Use Courier 12-point font, not bold, for taxpayer data (print lines 51 - 59) and CTP ID and doc. ID (print line 63).
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	ALPHANUMERIC	=	A-Z, 0-9	
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	RIGHT JUSTIFY	=	RJ	

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
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52	Taxable Year Beginning (mandatory)	11	8	18	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year beginning, Enter "00-00-00" <b>only</b> if TYB is unknown
52	Taxable Year Ending (mandatory)	24	3	26	"TYE"
52	Taxable Year Ending (mandatory)	29	8	36	Numeric, "-", Enter "MM-DD-YY" for fiscal or calendar year ending, Enter "00-00-00" <b>only</b> if TYE is unknown
53	Name of Limited Liability Company (mandatory)	6	70	75	Alphanumeric, Embedded spaces, "-", "/", "&", No other symbols or punctuation
54	DBA and/or Additional Information	6	30	35	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no DBA or additional information, leave print line 54 blank.
55	Street Address (mandatory)	6	30	35	Alphanumeric, Embedded spaces, "-", "/", No other symbols or punctuation
55	STE, RM, FL, BLDG, and UN	38	5	42	Alpha, LJ
55	Number or Letter (No symbols)	45	5	49	Alphanumeric, LJ
55	Private Mail Box (PMB)	52	3	54	"PMB"
55	Private Mail Box Number or Letter	56	6	61	Alphanumeric, LJ
56	City (mandatory)	6	17	22	Alphanumeric, Embedded spaces
56	State (mandatory) (Use Standard Abbreviations in this publication.)	25	2	26	Alpha
56	If Foreign Country	25	19	43	Alphanumeric, Embedded spaces
56	ZIP Code	29	10	38	Numeric, "-", LJ
57-58	Blank lines	-	-	-	-
59	"Total Payment Amt" (mandatory)	46	17	62	Print as: "Total Payment Amt"
59	Total Payment Amt	67	10	76	Numeric, RJ, whole dollars only. Decimal point must print at end of dollar amount – print position 76.
60-61	Blank lines	-	-	-	-
62-63	Bottom Registration Mark and conventional form FTB 3588	-	-	-	End of bottom registration mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "6201106"

Note: Record Layout is Reduced

[illegible]